



TRINITY ACADEMY
Innovative Classical Learning

10224 Baileywick Rd
Raleigh, NC 27613
919.786.0114

2018-2019 Medical Consent Form

Grade (2018-2019): _____

Student's Name Home Phone _____ / ____ / ____
Date of Birth

Address City Zip Code

Mother's Name Cell Phone Email

Father's Name Cell Phone Email

**Please put an asterisk by the preferred form of contact (i.e. home phone, cell phone, or email)*

List two contacts who will assume responsibility for your child in the event you cannot be contacted.

Name / Relationship Home Phone Cell Phone

Name / Relationship Home Phone Cell Phone

MEDIC ALERT: _____

Please provide information critical to a first responder (e.g. Diabetic, severe allergies, etc.)

If necessary, your child will be provided basic first aid and medication administered according to school policy (see handbook for medication guidelines). Injury assessment and intervention may include the use of topical skin antibiotic and anti-itch medication as appropriate. Pain relief medication will be administered based upon your child's level of discomfort and nature of the discomfort. Dosage will be determined by your child's weight and/or age.

Consent for Medication - circle YES or NO

Acetaminophen (Tylenol):	YES NO	Cough/sore throat lozenge:	YES NO
Antihistamine (Allergic Reaction):	YES NO	Hydrocortisone Cream:	YES NO
Bacitracin ointment:	YES NO	Tums:	YES NO
Children's Pepto Chews:	YES NO		

Do you carry medical/hospital insurance? _____ Hospital of Choice _____

Name of Insurance Company Policy # Group #

Child's Doctor Address Telephone

Child's Dentist Address Telephone

TURN PAGE OVER TO COMPLETE →→

A copy of page one will be given to your child's classroom teacher.

Student Emergency Medical Plan

*Please complete the below questions only if your student has a specific medical need that needs monitoring or medical supplies kept on campus. **Those who complete this plan may be contacted by Trinity Academy staff for additional information or plans.***

Outline the medical condition that requires an emergency medical plan. Be specific – if it is related to allergies, what causes it? How frequent has this event happened?

Recommended plan of action (may be attached if from physician):

Please list any medicines regularly taken even if not related to this plan:

Please list any allergies or other medical information that may be useful in the event this sheet is used:

Please list below any medical materials that need to be maintained as part of this plan (items such as an epi pen) and provide two (2) of each material to be maintained at the school (one kept in the classroom and one in a central location).

Please note that some medical events will require a call to 911 regardless of parent requests. Likewise, when in doubt, staff will always choose the safest option even if that means calling 911.

*****If your student has a medical need that requires emergency supplies (such as an epi pen) to be kept on campus or a condition that increases the likelihood of a major medical event, please complete the emergency medical plan form on the back.*****

I/We give Trinity Academy permission to share our child's medical information with others if it is deemed medically appropriate and/or will help keep them safe. I authorize the employees of Trinity Academy to consent on my/our behalf to any examination and/or medical diagnosis or treatment, including emergency or hospital care deemed advisable and rendered by a licensed physician, certified EMT or other agent until a parent or legal guardian is present. It is understood that this authorization is given in advance of any specific need and is given to provide advanced authority of such agents to consent to all diagnosis and treatment. I/We acknowledge that I/We will remain responsible for the cost of any treatment.

Student's Physician: _____ Phone #: _____

Signature of parent/guardian: _____ Date: _____

Printed name of parent/guardian: _____