



## EMERGENCY INFORMATION AND AUTHORIZED RELEASE FORM

Student Last Name	First Name	Middle Name	Male	Female	Grade
Student Address	City	State	Zip	Home phone ( )	
Other Address				Birthdate	
Father's last name	First Name	Address	City	State	Zip
Home phone ( )	Place of Employment	Work Phone/pager ( )	Father's Beeper/Pager Cellular ( )		
Mother's last name	First Name	Address	City	State	Zip
Home phone ( )	Place of Employment	Work Phone/pager ( )	Mother's Beeper/Pager Cellular ( )		
Names of other children attending Midland		Grade	Names of other children attending Midland		Grade

### Consent to Treatment

Name of Physician	Physician's Group, Clinic or Hospital	Physician's phone ( )
Insurance Carrier	Policy Number or Insured Social Security	Insurance phone ( )
Contact person when parent not available	Relationship	Phone ( )
Please indicate any allergies	Please indicate any medication	Please indicate any medical problems
In the event of sudden illness or accident requiring attention, I hereby authorize Midland Adventist Academy to administer first aid, and if necessary, take my child to ANY QUALIFIED EMERGENCY CARE CENTER for treatment.		
Parent/Guardian Signature _____		Date _____

### Authorized Student Release

In the event of illness, emergency, or major disaster which causes structural damage to Midland Adventist Academy (such as fire, tornado, or explosion), students will be released to authorized individuals **ONLY**. There will be **NO EXCEPTIONS**.

Please indicate the names of all adults (18 years or older) other than yourself who are authorized to sign for release of your child.

1. \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Pager ( ) \_\_\_\_\_
2. \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Pager ( ) \_\_\_\_\_
3. \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Pager ( ) \_\_\_\_\_
4. \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Pager ( ) \_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date