



Union Springs Academy

Consent to Treatment and Authorization to Release Information

P.O. Box 524 Union Springs, NY 13160 Phone: (315) 889-7314 Fax: (315) 889-7188

We, the undersigned parents or guardians of _____, a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of the physician Union Springs Academy may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital.

It is understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Union Springs Academy or to the physician to exercise their best judgement as to the requirements of such diagnosis or treatment.

We hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to the insurance company retained by the school any and all information with respect to an illness, medical history, consultation, prescriptions, or treatment, and copies of all hospital or medical records. A photo copy of this authorization of this authorization shall be considered effective and valid as the original.

Student Accident Insurance

A Secondary student accident insurance policy is provided for all students who have completed registration. The promptly reporting any injury to the academy office within 24 hours.

Worker's Compensation Insurance

Worker's compensation insurance coverage for all students while at work. A report of an injury must be given to student is responsible for the academy office within 24 hours

Date of last Tetanus Booster _____ List All Allergies _____

Name of Primary Care Physician _____ **Phone** _____

Student's Insurance Information

Subscriber's Name _____ Date of birth _____

Company _____ Please attach a front and back

Policy # _____ Copy of your insurance Card to this form

Company Phone # _____

Father's Name _____ Mother's name _____

Father's Social Security # _____ - _____ - _____ Mother's Social Security # _____ - _____ - _____

Father's Place of Employment _____ Mother's Place of Employment _____

Father's Home Phone (_____) _____ - _____ Mother's Home Phone (_____) _____ - _____

Father's Cell Phone (_____) _____ - _____ Mother's Cell Phone (_____) _____ - _____

Father's work Phone (_____) _____ - _____ Mother's work Phone (_____) _____ - _____

Student's Social Security # _____ - _____ - _____ Student Date of Birth _____

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Guardian's Signature _____ Date _____

Name & Phone of Emergency Contact if parent can't be reached _____