CANTERBURY
SCHOOL OF FLORIDA

SUMMER 2024 AUTHORIZATON FOR EMERGENCY TREATMENT IN ABSENCE OF PARENT/GUARDIAN

If I cannot be reached in case of injury to my child, I (**print parent name**)________________________________, give my permission to faculty or staff at CANTERBURY SCHOOL OF FLORIDA to seek emergency treatment for my child.

Home Phone:__________________________________Cell Phone: _______________________________________

THE CHILD I AUTHORIZE TO TREAT IS:

(**Print student name**)_______________________________________Date of Birth:_________________Sex: _____

PREFERRED MEDICAL CONTACT:

Physician Name: Dr.____Phone (   ) ________________________

Dentist Name: Dr.____Phone (   ) ________________________

Insurance Coverage: ____

Policy number(s):____Phone (   ) _________________________

Policy number(s):____Phone (   ) _________________________

If this preferred medical contact cannot be reached, the school is given authority to have my child treated at Bayfront Health, St. Petersburg, All Children's Hospital, or by any other hospital physicians and other professional or technical personnel. In case of a serious injury, the school is given permission to have my child transported by ambulance.

ALLERGIES AND MEDICATIONS:

My child suffers an allergic reaction to the following medications/substances: _______________________________

____

Please list ALL existing medical conditions: ____

My child is currently taking the following medications (list ALL or write "NONE"): ____________________________

____

Please check any medications that may be administered by school personnel with dosage and/or frequency:

☐ Acetaminophen/Tylenol ☐ Ibuprofen/Advil ☐ Benadryl ☐ Antacid ☐ Other *(specify)*

DOSAGE AND FREQUENCY: ____

EMERGENCY CONTACT*: In case of emergency and Parent/Guardian cannot be reached, please notify:*

Contact Name:____Relationship to student: ______________________

Home phone:___________________Work phone:_____________________Cell phone: ______________________

By this authorization, I indemnify, release and hold Canterbury School of Florida harmless from all and all liability in providing care and treatment to my child, and further, I grant my permission regarding use of the above information.

Parent/Guardian Signature:____**Date:** ____________________