



5704 CR17 S.
Sebring, FL 33876

Phone: 863.658.2335
Fax: 863.473.8472

Independent Baptist Academy

Email: independentbaptistacademy@gmail.com

Medical Information & Authorization Form

Student Health Information

Full Name: _____ DOB: ____ / ____ / ____
Last First M.I.

List Any Daily Medications: Type: _____ Time(s) Taken: _____ Dose: _____
Type: _____ Time(s) Taken: _____ Dose: _____
Type: _____ Time(s) Taken: _____ Dose: _____
Type: _____ Time(s) Taken: _____ Dose: _____

List Any Allergies: _____

Does your child carry an Epi Pen? If yes, what for? _____
YES ☐ NO ☐

Please List Any Diagnosed Medical Conditions: _____
(asthma, diabetes, eczema, etc.) _____

Is there any additional information pertinent to your child's health? _____

Student's Physician / Insurance Information

Primary Physician: _____ **Office Phone Number:** _____
(Last) (First)

Office Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Does the student have health insurance?
(Circle One)

Yes

No

Company Name: _____ **Company Phone Number:** _____

Policy Holder's Name: _____

Group Number: _____

Certification Number: _____

Over the Counter Medication Authorization

Please read the following statement carefully.

I, _____, parent or legal guardian of _____, do
(Parent/Guardian Name) (Student's Name)

hereby authorize the staff of Independent Baptist Academy (IBA) to administer certain over-the-counter (OTC) medications to my child during the school day.

☐ I do not authorize IBA to provide OTC medications to my student.

(Parent/Guardian Signature)

(Date)

Emergency Medical Authorization

Please read the following statement carefully:

I, _____, parent or legal guardian of _____, do

(Parent/Guardian Name)

(Student's Name)

hereby give permission for day-to-day care and emergency treatment of the above-named student by school staff, physicians, EMT's, or hospital emergency room personnel for treatment of any illness or injury obtained during the school day or during sanctioned school events (field trips, after-school activities, sporting events, etc). Also, in the event that I cannot be reached and/or my student is out of district during an extracurricular event, I hereby authorize and give permission to the designee of Independent Baptist Academy, if it is deemed necessary, to take my child to the nearest hospital emergency room or doctor's office via vehicle or emergency services and to admit my child for treatment. I further understand that all expenses and liability for said expenses incurred with respect thereto shall be fully assumed by me.

(Parent/Guardian Signature)

(Date)