



EMERGENCY INFORMATION AND AUTHORIZED RELEASE FORM

Student Last Name		First Name		Middle Name	Biological Birth Gender <input type="checkbox"/> Male <input type="checkbox"/> 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 Cellular ()		
Mother's last name	First Name	Address		City	State	Zip	
Home phone ()		Place of Employment	Work Phone/pager ()		Mother's 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	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
<p>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.</p> <p>Parent/Guardian Signature _____ Date _____</p>		

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 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 () _____

Signature

Parent/Guardian

Date