

**Hampton First Baptist Academy 2020-2021
EMERGENCY MEDICAL AUTHORIZATION**

Child's Name: _____

Please list environmental, food, and/or drug allergies _____

List medications currently taken on a regular basis, condition for which they are taken, and dosage amount and time

If your child has any illness or condition (Asthma, Diabetes, ADHD, etc.) or physical disability, please provide us the confidential information so that we may better care for your child. _____

Physician's Name _____ Phone # () _____

Insurance Provider _____ Policy # _____

May we administer **Diphenhydramine Hydrochloride (Benadryl)** for an allergic reaction?
(Dosage will be appropriate for age/weight) **Circle YES or NO**

May we give Acetaminophen (Tylenol) YES or NO Ibuprofen (Motrin) YES or NO

NOTE: You will be notified before either is given.

Please initial and sign:

- ___ In case of illness or injury that occurs at school, I authorize the school to evaluate, provide first aid, and to contact me, if necessary, for further advice and/or pick up. If the school is unable to reach me, I hereby authorize it to contact my emergency contact person.
- ___ In the event that an injury or illness is extremely serious or life threatening to my child, I authorize HFBA staff to first contact emergency medical professionals; then contact me or my emergency contact if I cannot be reached.
- ___ I release the teachers/personnel and Hampton First Baptist Academy of Hampton, GA from any liability for any accident or injury that might be incurred. HFBA is covered under the umbrella of Hampton First Baptist Church's liability insurance.
- ___ I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is at HFBA.

Parent/Guardian Signature: _____ Date: _____

ACKNOWLEDGEMENT of ACADEMY HANDBOOK

The parent handbook contains important information regarding the policies and procedures of Hampton First Baptist Academy. Please review the handbook carefully and direct any questions to Robin Long, our Academy Director.

Each parent/guardian named below has read the HFBA Handbook, understands its contents and agrees to abide by the guidelines as stated. I have read and understand the policies for: (please initial each line)

___ Admissions Requirements ___ Fees/Tuition ___ Potty Training
___ Biblical Standards ___ School Hours ___ Illness Policies

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____