Fort Worth Adventist Junior Academy

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3040 Sycamore School Rd.
Fort Worth, TX 76133

Walking in Jesus' footsteps to achieve success for our present and future.

2021-2022 Medical Consent & Release

Student's name: _____ Gender (circle one) M F
Last First Middle
Date of Birth: _____ Age: _____ Social Security #: _____XXX-XX-_____

Address: _____
Street City State Zip

Student's Health Record: Physician's Name _____

Insurance Carrier: _____ Policy # _____ Group #_____

Last Tetanus Shot: _____ Allergies: _____

Any medical or Physical limitations? _____

Student currently taking any medications? (Circle one) Y N, If yes, please list them:

Medication Name: _____ Dosage: _____

Medication Name: _____ Dosage: _____

Mother/Guardian's name: _____ Phone: _____
Last First Middle
Place of Employment: _____ Work Phone: _____

Father's Name: _____ Phone/Cell _____
Last First Middle
Place of Employment: _____ Work Phone: _____

Alternate Contact persons: Name _____ Phone: _____

Place of Employment: _____Work Phone: _____

Name: _____ Phone: _____

Place of Employment: _____ Work Phone: _____

Alternate Contact persons: Name _____ Phone: _____

Place of Employment: _____Work Phone: _____

Name: _____ Phone: _____

Place of Employment: _____ Work Phone: _____

Alternate Contact persons: Name _____ Phone: _____

Place of Employment: _____Work Phone: _____

Name: _____ Phone: _____

Place of Employment: _____ Work Phone: _____

Alternate Contact persons: Name _____ Phone: _____

Place of Employment: _____Work Phone: _____

Name: _____ Phone: _____

Place of Employment: _____ Work Phone: _____

Medical & Liability Release: Every effort will be made to contact the parent/guardian in case of an emergency; however, I, the parent/guardian, will hold Fort Worth Adventist junior Academy forever harmless for supervising all required emergency care. I will be responsible for all payments of all treatments, hospitalizations, anesthesia or surgery in respect to the emergency care on my behalf.

_____ _____

Parent/Guardian Signature Date