



# Geneva Classical Academy

A Uniquely Classical, Distinctively Christian Education for K-12

## Permission for Medical Treatment

Student Name: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Parent/Guardian Phone numbers in case of emergency: \_\_\_\_\_

### **Notarized Medical Permission Form:**

I give my permission to the leaders, faculty and staff of Geneva Classical Academy, Inc. to administer medical aid to my above named child and have aid given from a physician or hospital if the situation requires it. It is my understanding that my child is covered by my medical insurance and I do not hold Geneva Classical Academy, Inc. or its leaders, faculty or staff responsible or at fault in the event of an accident.

Name of insurance company: \_\_\_\_\_

Insurance policy number: \_\_\_\_\_

My preferred physician's name and phone number: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Medication being taken: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Parent/Guardian printed name

STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public- State of Florida  
My Commission Expires: \_\_\_\_\_