



# Flint River Academy

11556 E. Highway 85  
Woodbury, GA 30293  
(706) 553-2541  
Fax: (706) 553-9777

Eddie Pollard, Head of School

www.flintriveracademy.com

## PERSONAL INFORMATION AND MEDICAL RELEASE FORM

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

### Medical Information: (Check all that apply, please list where applicable.)

Heart Disease     Diabetes     Seizure Disorder     Asthma     Allergies     Migraines

Allergic to Medication: \_\_\_\_\_  Allergic to Insect Stings/Bites: \_\_\_\_\_

Food Allergies: \_\_\_\_\_  Skin Contact Allergies: \_\_\_\_\_

Additional Medical Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Medications: \_\_\_\_\_ Dosage: \_\_\_\_\_

*In case of a medical emergency, I give permission to Flint River Academy personnel to call emergency medical services and allow any and all emergency medical treatment as medical personnel see fit. I accept responsibility for the cost of any and all medical treatment that might be needed should a medical emergency arise.*

Emergency contacts other than Parent/Guardian:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

If you do not grant permission or authorization for consent to medical treatment, what procedure should be followed? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_