

JESUS IS LORD!

KOINONIA ACADEMY
STUDENT MEDICAL AUTHORIZATION

We _____ and _____

residing at _____

are parents of _____, a student at Koinonia Academy, Plainfield, New Jersey. We hereby authorize (names)

_____ of (town) to make emergency medical decisions for our child during such time as our child may be attending Koinonia Academy and residing with

(names) beginning (date) and staying in effect until our child returns to our home.

(name) is authorized to make all decisions regarding emergency medical treatment by physicians, dentists, medical personnel of all types whether outpatient or inpatient hospital treatment, or office or clinic treatment, as well as decisions regarding admissions to health care facilities of all types. We agree to be financially responsible for the costs of all such treatment.

Date _____ Parent _____

Date _____ Parent _____

RE: Student's name: _____

Date of birth: _____

Parents' home telephone number at _____

Current Medical Problems: _____

Medication - Allergies: _____

Information regarding health insurance or benefit coverage:

Company: _____

Address: _____

Policy No: _____

Telephone No: _____