



MEDICAL INFORMATION, ACKNOWLEDGEMENT AND CONSENT

Student's Name: _____ Student's Preferred Name: _____

Grade for SY 23/24: _____ Student's Date of Birth: _____

Student's allergies: _____

Student's Medical Conditions: _____

Student's Medications: _____

GMC PREP MEDICAL RELEASE AND CONSENT FOR TREATMENT

- I grant consent, that in the event all reasonable attempts by authorized school personnel to contact me have been unsuccessful, for the Principal of Georgia Military College Prep School, or designated representative, to consent on my behalf to any x-ray examination, anesthetic, medical treatment, and hospital care of my minor child, as fully and effectively as if I were personally present.
- I authorize the above-mentioned officials of Georgia Military College to serve in "loco parentis" for the transfer of an authorization of administration of any treatment deemed necessary for the treatment of my minor child.
- I authorize that Georgia Military College staff members can administer medications or treatments to my minor child according to the School Physician's Standing Orders/Nurse Protocol, including over-the-counter medications, and minor first aid.
- My signature serves as a medical release that authorizes GMC Staff members to administer medical treatment and to request further emergency treatment as necessary.
- I authorize the certified Athletic Trainer to evaluate and treat my child in the event of illness or injury according to the NATA standards of practice. I will notify the Certified Athletic Trainer and Health Services within 48 hours of any occurrence of injury in order to ensure that all necessary forms are completed in a timely manner (see notification of athletic insurance policy).
- **I will be responsible for any medical or hospital fees or costs associated with the illness or treatment of this minor.**
- This authorization is granted pursuant to the provision of O.C.G.A. 31-9-2 (2) (4) of the Georgia Medical Consent Law.

My signature below acknowledges that I have read and understand the policies and procedures outlined above. My signature serves as a medical release that authorizes GMC Health Services to administer medical treatment. Furthermore, my signature acknowledges that I understand that the school will use both the Parent/Guardian and Emergency Contact information that I provided on the application. I understand it is my responsibility to notify the school of any changes in the emergency contact info.

My signature below acknowledges that I have read and understand GMC Prep's Student/Parent Medical Consent, Concussion Awareness, and Sudden Cardiac Awareness Information Sheet.

Printed Name of Parent/Guardian Providing Acknowledgement and Consent Relationship to Student

Signature of Parent/Guardian Providing Acknowledgement and Consent Date

EMERGENCY CONTACT INFORMATION

Parent/Guardian: _____ Relationship: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Alternate Emergency Contact: _____ Relationship: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____