



# MISSOURI MILITARY ACADEMY

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## CONSENT TO TREAT MEDICAL EMERGENCY FORM

The Cadet Clinic is capable of administering medical treatment for almost all occurrences of injury or sickness; however, from time to time, it is necessary to admit cadets to local hospitals.

Our local hospitals have agreed to accept this form, insuring there will be no delay in admission of your child to a local hospital. In an emergency, you will be contacted by telephone at the earliest possible time. By signing this form, you are granting permission to the Cadet Clinic medical staff to treat your child.

In case of emergency, I understand every reasonable effort will be made to contact the parent(s) or guardian(s) of the student. In the event I cannot be reached, I hereby give permission to the Missouri Military Academy physician or any physician selected by the Missouri Military Academy to hospitalize, secure proper treatment for and order injections, anesthesia, or surgery for, and release medical information to such members of the faculty and staff of MMA as have a need to know, concerning:

Name of Student: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Allergies to medications: \_\_\_\_\_

Date of last tetanus booster: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Bus Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I authorize release of medical information on my son/ward to such members of the faculty and staff who have a need to know.

 Parent(s)/Guardian(s) Signature: \_\_\_\_\_

 Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Emergency contact other than parent/guardian:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

**PLEASE ATTACH A COPY OF BOTH SIDES OF THE INSURANCE CARD TO THIS FORM.**

**This form must be on file at MMA prior to attendance.** In the event you have any questions concerning this form, please call the Missouri Military Academy Cadet Clinic at 573.581.1775.

° Note to Parent(s)/Guardian(s): This form is necessary to ensure that your son receives immediate medical treatment in the case of emergency is required by Audrain Medical Center, Mexico, Missouri, or any other licensed health care provider or facility is a release from the Privacy of Information Act. If you have any questions concerning the admissibility of signing such a document, it is suggested that you consult your physician. This form is MANDATORY and must be received before the start of the school year in order for your child to be eligible for treatment at the Missouri Military Academy Cadet Clinic.