



# MEDICAL AUTHORIZATION FORM

INOVA Health System

## Student Information

School Year: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(mo.) (day) (4-digit year)

Grade: \_\_\_\_\_

## Non-Prescription Authorization

I hereby authorize Fairfax Baptist Temple Academy personnel to administer over-the-counter medications/treatments such as Tylenol, Advil, ear drops, eye washes, ointments, Pepto Bismol, etc.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Name Signature Date

Please list below any over-the-counter medications/treatments that you do **NOT** want administered to your child:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## Emergency Treatment Authorization

In the event that I or my spouse is unavailable by phone, or treatment should be given immediately, I, \_\_\_\_\_(Parent/Guardian's Name), hereby authorize any physician member of the Department of Emergency Medicine of **INOVA Health System** and/or any member of the Medical Staffs hospitals requested by the Department of Emergency Medicine physician, to render medical treatment, which in his judgment may be deemed necessary in the care of my child listed below. In the event my child is on a school activity closer to other emergency medical facilities, I extend this authority to the emergency medical physicians of those facilities.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Name Signature Date

## Medical Data

Please check one of the following:

My child is **not** allergic to any medications.

My child is allergic to:

Aspirin

Other (identify) \_\_\_\_\_

Child's Dr.: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Family Dr.: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Medicines Child is Taking: \_\_\_\_\_ Last Tetanus Shot: \_\_\_\_\_

Outstanding Medical History (Ex. Diabetes, Heart Disease, etc.): \_\_\_\_\_

## Insurance Information

Insurance Company: \_\_\_\_\_ Identification/Policy No.: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Subscriber's Place of Employment: \_\_\_\_\_

Subscriber's Telephone No.: (Home) \_\_\_\_\_ (Office) \_\_\_\_\_

Spouse: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Office) \_\_\_\_\_

Gary W. Kidd, Academy Administrator

6401 Missionary Lane, Fairfax Station, VA 22039-1859 • phone 703-323-8100 • fax 703-250-8660 • fbtministries.org