



Cumberland Academy of GEORGIA

“An Exceptional School for Exceptional Students”

Emergency Treatment Form

Student's Full Name _____ Goes by _____

County in which student resides _____ Parent Phone(s): _____

Emergency Information

Medical Conditions _____

Medications _____

All Known Allergies _____ Epipen Required? Y N

Hospital Preference: _____ Primary Physician _____

Primary Physician Phone Number _____

Insurance Information _____ Date of Birth _____

In case of severe illness or injury, I hereby give permission for the administration at Cumberland Academy of Georgia to seek assistance from the person(s)/doctor above. However, if this is not feasible, the administration may use their own discretion in rendering necessary emergency care for my child. In the event of an emergency I give permission for the school to call emergency medical personnel to transport the student to the nearest medical facility and to authorize emergency medical treatment. I will assume full responsibility for all charges related to the above.

Parent name _____ Parent Signature _____ Date _____

Medication Release Form (all medications to be brought in by parent)

I. Over the Counter Meds (please provide and label with student name)

Name of Medicine: Tylenol Advil Tums Other: _____ Dosage: _____

II. Prescription Meds

Medication Name _____ Time: _____ Dosage: _____

Special Instructions: _____

III. Emergency Prescription Meds (medication kept at Cumberland and dispensed if forgotten at home)

Medication Name _____ Time: _____ Dosage: _____

Special Instructions: _____

I, _____, give Cumberland Academy of Georgia permission to administer medication to my child. By signing this form, I hereby release Cumberland Academy of Georgia from any liability associated with the medication identified. I also understand that only medications provided by a parent or guardian and approved/documented by a representative of Cumberland Academy of Georgia will be administered. **Under no circumstance should my child carry medication of any kind in his/ her possession.** All medication must be kept in the front office and administered by a representative Cumberland Academy of Georgia. No exceptions will be made.

Name of Parent/Guardian: _____ Signature: _____ Phone: _____