

Русская Церковно- Приходская Школа
При Спасо-Преображенском Соборе
Russian Orthodox Parochial School
At Holy Transfiguration Church
5420 Fernwood Avenue
Los Angeles, CA 90027
(323) 466-3061

MEDICAL INFORMATION AUTORIZATION

Student's Name: _____

Name of Family Doctor: _____

Doctor's Telephone Number: _____

List Student's All Known Allergies: _____

List All Medication is Currently Being Taken by Student: _____

Does the Student have any other medical problems that a treating physician should be aware of? _____ Yes _____ No

If Yes, Please specify: _____

Please indicate another individual that can be reached in case of emergency, (other than Parents or Legal Guardians of the Student)

Name and Telephone Number: _____

Medical Information in case of serious illness or injury:
Physician: _____ Telephone: _____

Physician's address: _____

Preferred Hospital: _____

Medical Insurance Provider: _____ ID# _____

AUTHORIZATION

I GIVE PERMISSION TO HAVE MY CHILD TRANSPORTED TO THE HOSPITAL IN CASE OF SERIOUS ILLNESS OR INJURY.

SIGNATURE _____ DATE _____