

GOODLAND ACADEMY

1216 N 4200 RD • Hugo, Oklahoma 74743 • (580) 326-7568 • fax (580) 326-5556

email: admission@goodland.org • website: www.goodland.org

CONSENT TO EXAMINATION, TREATMENT AND RELEASE OF INFORMATION

Student Name: _____ SSN: _____ Date: _____

I hereby authorize and consent to any X-ray examination, anesthetic, inoculation, vaccination, medical or surgical diagnosis, treatment and hospital care to be rendered to the above named minor, under general supervision and upon the advice of a physician licensed under the provisions of the Medical Practice Act. I hereby consent to X-ray, examination, anesthetic, dental or surgical treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

_____ Date

_____ Parent/Guardian Signature

MEDICAL INSURANCE - (Proof of Medical Insurance must be provided in the spaces below)

Insurance Company: _____

Policy Holder: _____

Address: _____

Policy Holder's SSN: _____

Telephone: _____

Policy Holder's DOB: _____

City: _____

Policy Number: _____

State: _____ Zip: _____

Employer if Group Policy: _____

DENTAL INSURANCE

Insurance Company: _____

Policy Holder: _____

Address: _____

Policy Holder's SSN: _____

Telephone: _____

Policy Holder's DOB: _____

City: _____

Policy Number: _____

State: _____ Zip: _____

Employer if Group Policy: _____

GOODLAND ACADEMY MEDICAL POLICY

I understand and agree that a physical examination, including blood work, is a necessary component of my child's enrollment at Goodland Academy.

If I do not furnish Goodland Academy with the results of my child's physical examination and blood work within five (5) working days of enrollment, I agree that Goodland Academy will have my child examined and tested locally. The local facility will bill me for any necessary testing.

In addition, I understand that my child needs to have a tetanus booster current within the last ten (10) years, and a Tuberculosis skin test current within one (1) month of admission.

_____ Print Name

_____ Date

_____ Signature