



Pike Liberal Arts School

301 Kervin Drive

Troy, AL 36081

334.566.2023 (office)

334.670.2010 (fax)

pikelibschool@pikelib.com

www.pikelib.com

## Medical Information and Consent to Medical Treatment of Minor Children

### Child and Parent/Legal Guardian Information

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Child's Social Security Number: \_\_\_\_\_

Parent/Legal Guardian 1: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Parent/Legal Guardian 2: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

### Insurance Information

Medical Insurance Company: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### Medical Information

Date of Last Tetanus Shot: \_\_\_\_\_

List any known allergies to medications: \_\_\_\_\_

\_\_\_\_\_

List any chronic medical problems or pertinent medical history: \_\_\_\_\_

\_\_\_\_\_



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### Medical Consent

My child may be given the following medicine as prescribed by our physician:

Name of Medicine: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time to be given: \_\_\_\_\_ Physician: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

In the event that your child may need a non-prescription medication, you must provide the medication with instructions. The medication must be given to the school office personnel. The medicine will be dispensed from the main office as prescribed by the directions. I give permission to a Pike Liberal Arts School Administrator or Office Staff to give my child Tylenol and/or Advil as needed.

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Parent/Guardian Signature

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Date