



INTERMOUNTAIN
ADVENTIST
 ACADEMY
 Grand Junction Colorado

1704 N. 8th Street
 Grand Junction, CO 81501
 Phone 970-242-5116
 Fax 970-242-5659
 admin@iaagj.com

Where Character and Intellect Walk Hand in Hand.

Emergency Contacts & Medical Information

Student: _____ **Grade:** _____

Family Physician: _____

Name Address Phone number

Parent Contact Information:

 Name Phone Number

 Name Phone Number

List two **LOCAL** persons to contact if you cannot be reached in an emergency:

 Name Name

 Address Address

Phone Relationship to student Phone Relationship to student

Child Identifying Information:

Eye color: _____ Height: _____ Hair Color: _____ Weight: _____

Race: _____

Identifying marks: _____

Allergies: _____

Habits: _____

List medical/educational information (ADD, Asthma, medications, etc...):

 Please print Parent Name

 Parent signature and Date



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Consent to Treatment

If emergency services involving medical action and treatment are required and neither the parent nor the family physician can be reached for consent, the parent hereby consents to the rendering of such emergency medical services for the above named child if it becomes necessary in the medical opinion of the doctor rendering such services.

I CERTIFY THE ABOVE TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Guardian

Date

Signature of Legal Guardian

Date