



**GCA Medical Form  
School Year 2021-2022**

**Medical History:**

Does your child have trouble with vision or hearing? \_\_\_\_\_

Food allergies: \_\_\_\_\_

Drug allergies: \_\_\_\_\_

Insect bite allergies: \_\_\_\_\_

Previous serious illness(es): \_\_\_\_\_

Current medication(s): \_\_\_\_\_

Childhood diseases: Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Whooping Cough \_\_\_\_\_  
Other \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**Consent for Medical Treatment**

To whom it may concern:

It is mutually understood that in the event of an accident or illness involving my child while in the care of GCA, the staff shall use their best efforts to contact me. In the event I am not immediately available, the staff is authorized to secure such medical care as the situation may reasonably warrant.

I, \_\_\_\_\_, hereby authorize GCA to sign on my behalf any and all forms required in order to obtain emergency medical or hospital care for my child, \_\_\_\_\_, and specifically authorize and request that necessary treatment be provided to my child. A photocopy of this authorization and consent for medical treatment shall have the same force and effect as the original. It is agreed that where the school has acted in good faith to secure appropriate treatment following an accident or illness involving my child, any and all liability as might exist is expressly waived by me, the parent or guardian.

I have read and understand the above GCA policies.

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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Please Print Name \_\_\_\_\_