



## Union Springs Academy

P.O. Box 524 Union Springs, NY 13160 ~ Phone: (315) 889-7314 Fax: (315) 309-3200  
Website: unionspringsacademy.org Email: Registrar@unionspringsacademy.org

### Consent for Treatment & Authorization to Release Information

We, the undersigned parents or guardians of \_\_\_\_\_, a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of the physician Union Springs Academy may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital.

It is understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Union Springs Academy or to the physician to exercise their best judgement as to the requirements of such diagnosis or treatment.

We hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to the insurance company retained by the school all information with respect to an illness, medical history, consultation, prescriptions, or treatment, and copies of all hospital or medical records. A photocopy of this authorization shall be considered effective and valid as the original.

**Dates: April 12 & 13, 2026**

Date of last Tetanus Booster \_\_\_\_\_

List All Allergies and Allergy Medications: \_\_\_\_\_

**Name of Primary Care Physician:** \_\_\_\_\_

Name of Physician's Office/Practice: \_\_\_\_\_ Office Phone \_\_\_\_\_

Address for Primary Care Physician's Office: \_\_\_\_\_

**Student's Insurance Information:**

Subscriber's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Company \_\_\_\_\_

Policy # \_\_\_\_\_

Group ID #: \_\_\_\_\_ Insurance Company Phone \_\_\_\_\_

**\*Please attach a front and back copy of your insurance card to this form.**

## Consent to Treatment and Authorization to Release Information

### Family Information:

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Mother's Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Father's Employer \_\_\_\_\_ Mother's Employer \_\_\_\_\_

Father's Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mother's Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Father's Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mother's Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Student's Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Student Date of Birth \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name & Phone of Emergency Contact if parent can't be reached \_\_\_\_\_

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### Secondary Student Accident Insurance

A secondary student accident insurance policy is provided for all students who have completed registration.

The student should promptly report any injury to their dean on duty within 24 hours.