2025-2026

WINDSOR LEARNING ACADEMY
6337 MEMORIAL HIGHWAY
TAMPA, FL 33615
WACADEMY6337@GMAIL.COM

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT IN THE EVENT THAT MY CHILD

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SHOULD BECOME ILL OR INJURED AT WINDSOR LEARNING ACADEMY, I UNDERSTAND THAT THE FACILITY WILL;

1) CONTACT ME IMMEDIATELY
2) CONTACT THE PERSON(S) I HAVE DESIGNATED ON THE STUDENT INFORMATION FORM IF I CANNOT BE REACHED.

SHOULD THE FACILITY BE UNABLE TO REACH ME OR ANY OTHER DESIGNATED PERSON(S), THEY ARE AUTHORIZED TO CONTACT MY CHILD'S PHYSICIAN AND/OR ARRANGE FOR IMMEDIATE MEDICAL (EMERGENCY) TREATMENT. THE PHYSICIAN AND/OR MEDICAL FACILITY ARE AUTHORIZED TO ADMINISTER EMERGENCY TREATMENT NECESSARY TO ENSURE THE HEALTH AND SAFETY OF MY CHILD. I WILL ACCEPT RESPONSIBILITY FOR PAYMENT OF MEDICAL SERVICES RENDERED.

SIGNATURE_____

RELATIONSHIP_____

DATE_____

PREFERED PHYSICAN_____

ADDRESS_____

PHONE NUMBER_____

PREFEREED HOSPITAL_____

MEDICAL ALERT INFORMATION

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