



The Oxbow School Health Form and Permissions Statement

(To be completed by a parent/guardian)

This health form is a permission statement and information record. It must be signed by the student's parent/guardian and received by The Oxbow School before the student may begin classes. The information below is confidential and will not be shared with anyone other than essential health care providers and the Oxbow faculty.

Student Name:

Last

First

Middle

Birth date:

Parent:

Name:

Name:

Address:

Address:

City, State, Zip:

City, State, Zip

Home Phone:

Home Phone:

Cell Phone:

Cell Phone:

Occupation:

Occupation:

Email:

Email:

Person to contact when parents/guardian cannot be reached:

Name:

Name:

Address:

Address:

City, State, Zip:

City, State, Zip:

Home Phone:

Home Phone:

Cell Phone:

Cell Phone:

Email:

Email:

Relationship:

Relationship:

Health Insurance Carrier: PLEASE ATTACH ONE COPY OF THE HEALTH INSURANCE CARD FRONT AND BACK

Insurance Company Name:

Insured Person's Name:

Address:

Certificate Number (Usually SS#):

Group Number:

Authorization to Consent to Treatment of a Minor:

I (We), the undersigned, parents of _____, a minor, do hereby authorize an Oxbow school representative at The Oxbow School, Napa, California, as an agent of the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the California Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital. This authorization also applies to dental care under a duly licensed dentist.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of their best judgment may deem advisable; and neither said agent or any organization involved, including without limitation, The Oxbow School, assumes any financial responsibility for exercising this action. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California and shall remain effective until revoked in writing and delivered to said agent(s).

Signature of parent(s) or person having legal custody or legal guardian of the student named above

X _____

Date: _____