



ORTHOGEORGIA
Orthopaedic Specialists

General Information and Emergency Contacts

Name _____ Date of Birth _____

(1) Parent/Guardian's name and phone _____

(2) Parent/Guardian's name and phone _____

Home address _____

Emergency contact's, in the event a parent cannot be reached:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Does student have any drug or other allergies, medical conditions, history of injury, or other illness? ____ If yes, please explain: _____

Insurance Information

Name of insurance company _____

Company address and phone number _____

Circle one: HMO PPO POS Other Policy Number _____

List any specific insurance obligations (such as HMO requirements): _____

Ortho Georgia Consent to Treat

I, _____, hereby give permission for my child, _____, to receive medical attention from a physician or allied health care provider of Ortho Georgia as deemed appropriate in the event of illness or injury.

Signature of parent or legal guardian

Date