# EXPRESSION PREPARATORY ACADEMY

## MEDICAL TREATMENT AUTHORIZATION AND CONSENT FORM

Kentucky and West Virginia Campuses, 2026-2027 School Year

### 1. Purpose and Scope

This Medical Treatment Authorization and Consent Form ("Form") authorizes the designated adult identified in Section 3 below to consent to emergency and routine medical, dental, and mental health treatment for the student identified below, and to receive the student's medical information, for the period this Form remains in effect. This Form applies regardless of the student's living arrangement, whether the student resides with a Host Family under a Host Family Agreement, in the School's own on-campus residential housing under the Residential Life Handbook, Appendix H to the Student and Family Handbook, or at home with a parent or legal guardian who wishes a designated School representative to hold standby authorization for use only if the parent or legal guardian cannot be reached.

This Form does not replace, and works alongside, the general health and medical provisions of Section VII of the Student and Family Handbook, including the Medication Policy referenced there. Where a Host Family Agreement is also in effect, this Form is incorporated into that Agreement by reference.

### 2. Student Information

**Student Name**

_____

**Date of Birth**

_____

**Campus of Enrollment**

_____

**Living Arrangement (Host Family, On-Campus Residential, or Other)**

_____

### 3. Designated Adult

The parent or legal guardian identified in Section 8 authorizes the following individual to act as the designated adult under this Form:

**Designated Adult Name**

_____

**Relationship to Student (Host Family, Residential Staff, Other)**

_____

**Phone Number**

_____

**Address**

_____

Where the Student resides in the School's own on-campus residential housing, the designated adult is the on-duty residential staff member or campus principal, consistent with the Residential Life

Handbook, Appendix H, rather than a named individual, and School staff may rely on this Form accordingly.

### 4. Scope of Authorization

The designated adult is authorized to consent to emergency medical, dental, surgical, and mental health treatment for the Student, including transportation to and treatment at a hospital or emergency care facility, when the parent or legal guardian cannot be reached after reasonable effort. The designated adult is further authorized to consent to routine and non-emergency medical and dental care, including examinations, immunizations required for school attendance, and treatment of minor illness or injury, unless the parent or legal guardian has indicated a specific limitation in Section 7 below.

This authorization does not extend to elective, non-emergency surgery or procedures that are not medically necessary, which require the direct consent of the parent or legal guardian, except where a delay would endanger the Student's life or health.

### 5. Health Information Release

The parent or legal guardian authorizes any physician, dentist, hospital, or other health care provider to release the Student's medical information to the designated adult and to Expression Preparatory Academy as necessary to coordinate the Student's care, consistent with the Health Insurance Portability and Accountability Act and applicable state law.

### 6. Medical Information

**Primary Physician Name and Phone**

_____

**Health Insurance Provider and Policy Number**

_____

**Known Allergies**

_____

_____

**Current Medications**

_____

_____

**Ongoing Medical Conditions**

_____

_____

**Preferred Hospital or Care Facility, if any**

_____

### 7. Limitations or Special Instructions

Describe any limitation on this authorization, or any special medical instruction the designated adult and the School should know:

_____

_____

_____

## 8. Parent or Legal Guardian Emergency Contact

**Parent or Legal Guardian Name**

_____

**Phone Number(s)**

_____

**Email Address**

_____

**Alternate Emergency Contact and Phone**

_____

## 9. Term and Revocation

This Form remains in effect for the current academic year unless the parent or legal guardian revokes or updates it in writing, and must be renewed for each subsequent academic year. The parent or legal guardian may revoke or modify this authorization at any time by providing written notice to the School and, where applicable, the Host Family.

## 10. Relationship to Other Governing Documents

This Form works alongside, and does not modify, the Student and Family Handbook, the applicable Enrollment Agreement and Tuition Contract, the Residential Life Handbook, Appendix H, or, where applicable, the Host Family Agreement. Where any conflict arises, the Student and Family Handbook and the applicable Enrollment Agreement control on matters of general School policy.

## Acknowledgment and Signature

By signing below, I certify that the information provided is accurate and complete to the best of my knowledge, and I authorize the designated adult identified above to act in accordance with this Form.

Parent or Legal Guardian Signature: _____ Date: _____

Printed Name: _____

School Representative Signature: _____ Date: _____

Printed Name and Title: _____