

GRACE CHRISTIAN ACADEMY

MINOR MEDICAL & TREATMENT RELEASE FORM

In the event of an emergency occurring while my son/daughter is on a school sponsored practice, performance, or trip, I hereby grant permission to the school and its employees to take whatever action deemed necessary. In the event that I cannot be reached, I hereby authorize the school and/or its employees to give consent for my son/daughter to receive medical treatment.

If you do not give permission or authorization to give consent for medical treatment, what procedure should be followed?

In the event medical treatment is required, every effort will be made to contact the parent/guardian at the listed numbers. Contact # in order in which they are to be called:

1st Name & Phone # (indicate cell/home/work)

2nd Name & Phone # (indicate cell/home/work)

I/we absolve Grace Christian Academy from any liability to my child because of any injury to my child while at Grace Christian Academy, any school-sponsored activity, game, practice, physical education class, or event whether on or off campus.

Parents _____

Address _____ City _____ State _____ Zip _____

Insurance Company _____ Primary Insured's Name _____

Group No. _____ I. D. No. _____ Policy No. _____

Doctor's Name _____ Doctor's Phone _____

Name of Student (please print) _____ Date of Birth _____

List medicines currently being taken: _____

Indicate any special medical problems, injuries, or allergies: _____

Name of Student (please print) _____ Date of Birth _____

List medicines currently being taken: _____

Indicate any special medical problems, injuries, or allergies: _____

Name of Student (please print) _____ Date of Birth _____

List medicines currently being taken: _____

Indicate any special medical problems, injuries, or allergies: _____

Name of Student (please print) _____ Date of Birth _____

List medicines currently being taken: _____

Indicate any special medical problems, injuries, or allergies: _____

My children may be given the following medicines as needed:

Tums and/or Pepto Bismol: yes _____ no _____ Acetaminophen and/or Ibuprofen: yes _____ no _____

Father Signature

Date

Mother Signature

Date