



MEDICAL RELEASE FORM

This form must be on file in the school office before the student can participate in any off-campus outings, field trips, P.E. classes. Original form required. No facsimiles accepted.

Student Name _____ Grade _____ Birthdate ____/____/____

Child's Social Security Number _____

Address _____

Father's Name _____ Mother's Name _____

Employer _____ Employer _____

Best Numbers to reach you in case of an emergency: _____

Emergency Contact: Name _____ Home Phone Number _____

Relationship _____ Cell Phone Number _____

INSURANCE CARRIER _____

POLICY NUMBER AND/OR GROUP NUMBER _____

EXPIRATION DATE _____

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS WE NEED TO BE AWARE OF?

DATE OF STUDENT'S LAST TETANUS SHOT _____

CURRENT LIST OF MEDICATIONS:

PERSON(S) AUTHORIZED TO PICK UP STUDENT:

Name _____ Name _____

Any person(s) not authorized to have contact with or pick up student: _____

Every effort will be made to contact parents in case of an emergency. If immediate care decisions need to be made, the parent(s) agree to assume all liability for those decisions and to release Grace Christian Academy from any liability. In case of any emergency, the school administrator has my permission to make medical decisions concerning the child listed.

Parent/Guardian Signature _____ Parent/Guardian Signature _____

Date _____

Date _____