



# Graceful Christian Academy

## MEDICAL LIABILITY RELEASE FORM

PLEASE PRINT ALL INFORMATION

In the event that my child \_\_\_\_\_ becomes ill or injured while at school or during school sponsored activities, I give consent for the school authorities to take the following steps.

1. Contact emergency services (911) to secure medical assistance.
2. Contact the child's physician and follow his / her instructions.
3. Contact me as the child's parent and inform me of the situation.

In the event I cannot be reached, I empower, authorize and appoint the Principal or his / her designee to furnish on my behalf written and or oral authorization to secure the medical services as soon as needed to assist my child.

I further release the principal, designee and school from liability which might arise from giving such authorization.

Child's primary source of health care is:

Physician/Clinic Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please list any medications that the student is currently taking: \_\_\_\_\_

Please describe completely any medical condition which may recur or be a factor in medical treatment:

- |                               |                               |
|-------------------------------|-------------------------------|
| a. Allergies: _____           | e. Physical Handicap: _____   |
| b. Convulsions: _____         | f. Medicine Reactions: _____  |
| c. Blackouts: _____           | g. Disease of any kind: _____ |
| d. Heart/Lung Problems: _____ | h. Other (be specific): _____ |

If currently taking medication, please provide the following information:

Name of medication: \_\_\_\_\_ Prescribing Physician Phone: \_\_\_\_\_

**PARENT/GUARDIAN:** Please check one of the following and sign your name.

- I give my permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.
- I do **NOT** give permission for medical treatment until I have been contacted.

Parent/Guardian's Print: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_