

TEMPLE CHRISTIAN ACADEMY

Permission for Medical Treatment

Student's Name _____ Home Phone _____

Mother's Work Phone _____ Father's Work Phone _____

EMERGENCIES

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.

PERSON TO BE NOTIFIED OTHER THAN PARENT OR GUARDIAN IN AN EMERGENCY

Name of Person _____ Phone _____

Family Doctor _____ Phone _____

Insurance Company _____ Policy Number _____

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

MEDICAL INFORMATION

	YES	NO
Heart condition or disease	_____	_____
Diabetes	_____	_____
Asthma	_____	_____
Convulsive disorder	_____	_____
Allergic to bee or insect stings	_____	_____
Wears contact lenses	_____	_____
Allergic to any medication	_____	_____
What kind? _____		
Date of last tetanus shot _____		
Additional medical information that may be helpful _____		
Medication currently being taken (please describe) _____		

I absolve Temple Christian Academy from any liability to my child because of any injury to my child while at Temple Christian Academy, any school-sponsored activity, or football, basketball, volleyball, or baseball game or practice sponsored by Temple Christian Academy.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____