



St. Cloud 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: _____