



Medical Release Form: 2016

Student's Name: _____ Date of Birth: _____

Address: _____ Phone: _____

_____ Cell: _____

Parents'/Guardians' Name(s): _____

What is the best way (s) to contact you? (circle one) Call, text, email, facebook, write a letter, visit your home, other _____?

Insurance Company: _____ Policy # _____

1. Does your child have any life-threatening allergies? _____ Yes _____ No?

If yes, to what? _____

2. Does your child bring any medication with him/her? _____ Yes _____ No?

If yes, please list and state dosage: _____

PLEASE NOTE: Medication should be in its original prescription bottle/package, which should have administration instructions and the child's name clearly indicated.

3. Does your child have any physical, mental, emotional, or behavioral concerns or limitations that our staff should be aware of?

_____ Yes _____ No

If yes, please explain: _____

4. Date of last tetanus shot: _____

In the case of medical emergency, I understand that hospital policy requires parental permission before treatment. I hereby give my permission to a representative of Awakening Alliance Church to administer medication as identified above (#2) and to secure proper treatment.

Parents will be notified immediately of any medical emergency.

Signature of Parent/Guardian: _____ Date: _____

Emergency Phone number: _____

Person to contact if parent/guardian cannot be reached: _____

Relationship: _____ Phone: _____