



## MEDICAL AUTHORIZATION and PARENTAL CONSENT

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

List two people to contact if above parents cannot be reached:

Name \_\_\_\_\_

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Please provide the following medical information:

Allergies \_\_\_\_\_

Medications being taken \_\_\_\_\_

Physical Problems \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Doctor to be called \_\_\_\_\_ Phone \_\_\_\_\_

Name of Dentist to be called \_\_\_\_\_ Phone \_\_\_\_\_

Name of Hospital preferred \_\_\_\_\_ Phone \_\_\_\_\_

(over)

PARENTAL CONSENT

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I, \_\_\_\_\_, do hereby give permission for my child to attend and participate in activities sponsored by Community Christian School.

My child may ride in any necessary and convenient transportation provided by Community Christian School in connection with the activities.

I authorize an adult representative of Community Christian School to consent to any and all medical and hospital care and treatment as deemed necessary for the health and well-being of my child by a duly-licensed physician selected by said adult representative. I understand that I shall be fully responsible for, and agree to pay for, all costs and expenses incurred in connection with such medical services rendered to my child pursuant to this authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, I agree to assume all transportation costs.

I agree to assume the risk of, and release Community Christian School, its staff and representative from, any and all injury and liability arising out of or relating to the activities conducted or sponsored by Community Christian School.

I state that the information on this form is correct.

Must be signed in presence of notary.

\_\_\_\_\_  
Parent Signature

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary's Signature