



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

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

(Notary Stamp)