

GRACE HOMESCHOOL ACADEMY

MEDICAL EMERGENCY RELEASE & HEALTH INFO

In case of a medical emergency and a parent cannot be reached, we will need the following information for each enrolled student to be included the signed release below:

Name_____ Grade___ DOB_____ Name_____ Grade___ DOB_____

Name_____ Grade___ DOB_____ Name_____ Grade___ DOB_____

Name_____ Grade___ DOB_____ Name_____ Grade___ DOB_____

I, the undersigned parent or legal guardian of the above-named student(s), minor children, do hereby authorize and consent to any treatment considered to be necessary by a qualified emergency medical technician or emergency room staff or licensed member of the medical profession. It is understood that this authorization is given in advance of any care that the physician/technician or medical personnel, in the exercise of his/her best judgment, may deem advisable. I will not hold this church facility, Grace Homeschool Academy, the program or any teachers or administration of Grace Homeschool Classes liable for medical aid rendered and will reimburse the program for any medical or other expenses incurred in the care of my minor child.

This authorization is given pursuant to Section 25.8 of the Civil Code of California, and is in effect only for the above name children listed in this document.

Insurance Information:

Company:_____ Policy#:_____

Doctor's Name:_____ Dr's Ph#:_____

May all children be given - Tylenol: Yes___ No___ Advil: Yes___ No___ Tums: Yes___ No___

Any child taking Rx medication *: No___ Yes___

Child's Name:_____ Specify:_____

ANY HEALTH ISSUES WE SHOULD KNOW ABOUT *: No___ Yes___

If Yes, Child's Name:_____ Specify:_____

ANY KNOWN ALLERGIES *: No___ Yes___ (If yes, specify below)

Child's Name:_____ Specify:_____

Child's Name:_____ Specify:_____

*** PLEASE ALSO NOTIFY YOUR CHILD'S TEACHERS OF ANY ALLERGIES, HEALTH AND/OR BEHAVIORAL ISSUES, OR PRESCRIPTION MEDICATIONS**

Current Address_____

Local emergency contact (Name & Ph#) _____

Permission to Publish: I agree that Grace Homeschool may use photographs of me and my family, without individual's names, for any lawful purpose, including such purposes as Web content and/or inclusion of pictures of classes in yearbook. **No**___ **Yes**___

PRINT NAME OF PARENT

PARENT EMERGENCY PHONE#

SIGNATURE OF PARENT

DATE