GRACE HOMESCHOOL

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 (First and Last Name) to be included in the signed release below:

#1 ______________________________ Gr ___ M/F ___ #4 ______________________________ Gr ___ M/F ___

#2 ______________________________ Gr ___ M/F ___ #5 ______________________________ Gr ___ M/F ___

#3 ______________________________ Gr ___ M/F ___ #6 ______________________________ Gr ___ M/F ___

I, the undersigned parent or legal guardian of the above-named student(s), minor child(ren), 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 HEALTH ISSUES WE SHOULD KNOW ABOUT *: Yes ____ No ____

If Yes, Child's Name: ___________________________Specify: ____________________________________

ANY CHILD TAKING MEDICATION PRESCRIPTIONS*: Yes ____ No ____

Child's Name: ________________________ Specify: ____

ANY KNOWN ALLERGIES*: Yes ____ No ____ (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**

Permission to Publish: I agree that Grace Homeschool may use photographs of me and my family for the purpose of inclusion of pictures of individuals and classes in yearbook. **No____ Yes____**

Local emergency contact (Name & Phone#) ____

Current Address _____________________________________ Email _______________________________

____ ________________________________

PRINT NAME OF MOTHER NAME OF FATHER

____ ________________________________

SIGNATURE OF HOMESCHOOL PARENT HOMESCHOOL PARENT PHONE#

DATED: ________________________, 20________