

I (We) _____ and _____ are the parent(s)/ legal guardian(s), with legal custody of _____ (child's name) birthdate ____/____/____ who is ____ (age) and resides with us at _____ and who attends Declaration Christian Academy, give (full address) _____ permission for our child to attend PE Classes, field trips, and special events. We also give permission for a licensed doctor, physician or emergency treatment center selected by the school staff member/representative to administer the necessary attention and aid IMMEDIATELY to our child should he/she become injured or sick during a planned outing/field trip for the school year _____ and to do so without having to wait until we are contacted. We consent to any X-rays, examination, anesthetic, medical or surgical diagnosis treatment and hospital care deemed necessary.

We understand the school staff member/representative will endeavor to reach us should the nature of the injury or illness warrant it. However, we will not hold any of the camp personnel responsible if efforts to contact me/us are unsuccessful.

During this time we can be reached at:

HOME: (address stated above) HOME PHONE: (____) _____

FATHER'S BUSINESS PHONE: (____) _____ Cell # _____

BUSINESS NAME & ADDRESS _____

FATHER'S HOME ADDRESS _____ PHONE # _____

MOTHER'S BUSINESS PHONE: (____) _____ Cell # _____

BUSINESS NAME & ADDRESS _____

MOTHER'S HOME ADDRESS _____ PHONE # _____

Nearest relative/friends to contact if parents cannot be reached:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

(Please complete the information on the back.)

Child's Doctor _____ Phone _____

Medical Insurance Company _____

Policy Number _____

Medical Consent Authorization | 2008

Allergies to medicines or other allergies: _____

Child is presently taking the following medication(s)

For the following condition(s)

May your child take an aspirin-free pain reliever if he/she becomes ill at school? YES NO

Please circle one Children/Adult How many can they take? 1 2 3

Church you now attend _____ Pastor _____

_____ may be picked up by the following people:

(Child's name)

Name/ Relationship Phone Number

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

(6) _____

If anyone other than the above is to pick up this child, a hand written note will be sent for the day, or I will call the school with the new information.

(Parent's Signature)

(Date)