

2018-2019 Faith Christian School Medical Release Form

In the event of a medical emergency while on a school-sponsored activity/field trip with Faith Christian School staff and/or sports coaches, I hereby grant permission for Faith Christian School staff and/or coaches to seek medical treatment as needed for my child named below. I understand that every attempt to contact me will be made. However, in a life or limb- threatening situation in which I cannot be reached in a time-effective manner, the above named person(s) has my permission to seek appropriate medical care for my child.

_____ Student Name	_____ Birth Date
_____ Student Name	_____ Birth Date
_____ Student Name	_____ Birth Date
_____ Student Name	_____ Birth Date

Insurance Company

Policy Number	Name of Policy Holder
_____ Mother's Cell Phone	_____ Mother's Work Phone
_____ Father's Cell Phone	_____ Father's Work Phone

Email address: _____

Home address: _____

Emergency Contact in case you cannot be reached (Name, Phone, and Relation):

Do we have permission to give Tylenol to your child if needed? _____

Please list any known allergies your child has: _____

_____ Parent's Signature	_____ Date
-----------------------------	---------------

*If any of the above information changes, please notify the office as soon as possible at 320-294-5501 with current information.
Thank you!*