



MEDICAL RELEASE FORM

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Student's Full Name (Print) _____ Grade _____

In an emergency, I request that, in my absence, the above-named child be admitted to any emergency medical care center for diagnosis and treatment. I hereby give my permission for Christian Heritage Academy to transport my child to any facility for any needed treatment to be provided upon the advice of a physician, surgeon, or dentist licensed to practice medicine under the laws of the State of Oklahoma or state where my child is on a CHA sponsored trip. IN GIVING THIS CONSENT, I RECOGNIZE AND UNDERSTAND that I give permission to evaluate the risks involved and to select the necessary treatment from any available alternatives and to provide such care and perform such treatment as that physician, surgeon, or dentist in his professional judgment deems necessary to assure the health and safety of the above-named minor.

Date of Birth _____ Date of last tetanus shot _____ Blood Type _____

List drug allergies _____

List other allergies _____

List medications taken daily _____

Pertinent information about illnesses, surgery, or chronic conditions _____

Family physician/pediatrician _____ Phone # _____

Insurance company _____ Policy # _____

Check if your child has had the following

- | | | |
|--|---|--|
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Frequent Earaches |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Frequent Sore Throats |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Polio (disease) | <input type="checkbox"/> Surgery | <input type="checkbox"/> Frequent Headaches |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Disorder |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Hearing Problems |

Child's Home Address _____
Street City State Zip Code

Father's Name _____ Cell Phone _____ Work Phone _____

Mother's Name _____ Cell Phone _____ Work Phone _____

Nearest Relative (not parent) _____

Relationship to child _____ Daytime Phone _____

SEE REVERSE SIDE FOR PERMISSION AND LIABILITY RELEASE

PERMISSION AND LIABILITY RELEASE FOR SCHOOL ACTIVITIES AND EVENTS

Student's Name (Print)_____ Grade_____

I hereby give permission for my son/daughter to attend/participate in any and all school-sponsored activities and events, such as athletics [both practices and games], field trips, [spelling bee, science fair, choir trip, Back-to-School Cookout, class trips, class retreats, mission trips community service projects, or organized trips] and/or any other school-sponsored activities and events.

If transportation from school or to school is required for the activity or event, my child may be transported by any/all of the following means that I have indicated.

☐ Driving his/her own vehicle

☐ Riding with another student

☐ Riding with another parent

☐ Riding in a school vehicle

☐ Riding in a school vehicle only

☐ Other _____

In consideration of the right to participate in the activities and services arranged for my son/daughter by Christian Heritage Academy, I assume for my son/daughter all risk and hold Christian Heritage Academy and all persons associated with the above entity in any way blameless and free from any and all liability, action, cause of action, debts, claims, or demands of every kind and nature whatsoever which may arise from or in connection with his/her participation in the above described activities and/or any other school-sponsored activities and events.

Signature of mother, father, or guardian _____

To be signed in a notary's presence, notary available in the school office.

Notarized on this _____ day of _____, _____

Notary Public, County of _____ State of _____

My Commission Expires: _____

Notary _____