



Bible Baptist

CHRISTIAN SCHOOL

Medical Release Form 2018-2019

To Whom It May Concern:

As parent and/or guardian, I do herewith authorize treatment under the direction of any licensed physician of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me by phone at the number listed below.

Date or dates where release is intended: June 1, 2018 through June 1, 2019.

Student's Name: _____ Grade _____

General Information	Phone
Father/ Legal Guardian _____	Father's Cell (____) _____ - _____
Mother/ Legal Guardian _____	Father's Work (____) _____ - _____
Address _____	Mother's Cell (____) _____ - _____
City _____ State _____ Zip _____	Mother's Work (____) _____ - _____
	Home (____) _____ - _____

Family Physician: _____ Phone: (____) _____ - _____

Insurance Co: _____ Policy No: _____

Please explain any special medical allergies, chronic illnesses, or other conditions:

Date of last tetanus shot: ____/____/____

The undersigned assumes the responsibility for any costs connected with such treatment and, hereby, releases the school from any liability.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

- I approve of my child(ren) receiving one or two (depending on weight) Junior Tylenol (160mg) for grades K-6 and one or two Regular Tylenol (325mg) for grades 7-12 during the school day.
- I do not approve of the above
- I would like to be called before the administering Tylenol or Tums
- It is not necessary to call me before administering Tylenol or Tums

Signed _____
(Father/Mother/Legal Guardian)

Signed _____
(Father/Mother/Legal Guardian)