



Camden
Christian
Academy

The Heart of Education is
 Education of the Heart

Medical History/Release Consent

Student's name: _____

Physician to be called in case of an emergency:

Name: _____ Phone: () _____

List emergency contact, if parents cannot be reached:

Name: _____ Relationship: _____

Address: _____

Phone: () _____ Cell: () _____

Does your child have a history of any medical problems? Yes No

If yes, explain: _____

Allergies: (medication, food, other) _____

List any medication given on a regular basis: _____

Is there any reason why your child cannot participate in a full Physical Education program?

No Yes Explain _____

In the event of an emergency occurring while my son/daughter is at school or at a school-sponsored activity, I grant permission for employees of Camden Christian Academy to take whatever action necessary for the health and well-being of my son/daughter, _____.

In the event that I cannot be reached, I hereby authorize Camden Christian Academy and/or its employees to give consent for my son/daughter _____, to receive medical treatment.

Parent or guardian signature: _____ Date: _____

Insurance company: _____

Policy #: _____ ID #: _____