

Step of Faith Christian Academy

A Ministry of Great Swamp Baptist Church

Medical Release Form

This release gives the staff of Step of Faith Christian Academy permission to seek medical treatment for the child listed below until such time that the parent can be contacted. This release is only in the event that the parent cannot be reached and the situation is too serious to wait.

Child's Full Name: _____

DOB: _____ SSN: _____

PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY

Parent/Guardian: _____

Home Phone: _____ Cell: _____

Work: _____ Beeper: _____

PERSON TO NOTIFY IF PARENT/GUARDIAN IS NOT AVAILABLE

Name: _____ Relationship: _____

Phone: _____ Cell: _____

PEDIATRICIAN

Name: _____

Address: _____

Phone Number: _____

INSURANCE COMPANY

Insurance company name: _____

Policy number/Group: _____

Name of Insured: _____

TO THE ATTENDING PHYSICIAN OR HOSPITAL STAFF

Permission is granted for you at the discretion of the staff of Step of Faith Christian Academy to perform whatever care necessary for the welfare of my child until such time that you are able to speak to us personally.

Signature of Parent/ Guardian: _____ Date: _____

Witness: _____ Date: _____

PLEASE SEE REVERSE SIDE

MEDICAL INFORMATION

page 2

LIST ANY PERTINENT MEDICAL INFORMATION: (braces, contacts, hearing aid, etc)

LIST ANY KNOWN ALLERGIES: _____

LIST ANY PRESCRIPTION MEDICINE TAKEN: _____
