

GRACE CLASSICAL ACADEMY MEDICAL RELEASE FORM

Child: _____ Date form was filled out: _____

Parents or legal guardian: _____

Home Phone: _____ Dad's Work#: _____ Mom's Work#: _____

Mom' Cell: _____ Father's Cell: _____

Address: _____

First alternate contact: _____ Phone: _____

Second alternate contact: _____ Phone: _____

Child's Doctor: _____ Phone _____

Hospital of choice: _____

Child's date of birth: _____ Height: _____ Weight: _____

Allergies (including food, latex, bee stings, and over-the-counter and prescribed medications): _____

Any relevant medical history? Yes: _____ No: _____

If yes please explain: _____

Medications being taken by child: _____

Date of last tetanus shot: _____ Date of last eye exam _____

Health insurance company: _____ Policy No.: _____

My child may be given Acetaminophen (Tylenol) Yes: _____ No: _____

or Ibuprofen Yes: _____ No: _____ for minor pain.

In the event that immediate medical attention is needed for _____,
and the designated alternates or I cannot be reached, **Grace Classical Academy** has my
permission to seek the medical assistance that they deem necessary.

Signed: _____ Date: _____