

# 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: \_\_\_\_\_