

EMERGENCY MEDICAL RELEASE FORM

STUDENT _____
(First) (Middle) (Last)

Please list the following phone numbers in case of an emergency:

Home Phone _____

Mom's Work Phone _____ Cell Phone _____

Dad's Work Phone _____ Cell Phone _____

Student's Social Security Number _____

Child's Doctor _____ Phone _____

Address _____

Hospital Preference _____

Insurance Carrier _____ Policy # _____

Child's Dentist _____ Phone _____

Address _____

Known Allergies: Yes ____ No ____ If yes, please list and other medical conditions that need our attention:

If my child needs medical services, which require my consent before being supplied, and I cannot be reached, I hereby authorize Wayne Christian School staff or administration to furnish on my behalf such authorization may be required. Further, I release aforementioned staff and administration of Wayne Christian School, Inc. from any liability, which arise from the giving of such authorization. It is my desire that my child be furnished with such medical services as soon as reasonably possible after the need arises.

Parent / Guardian Signature

(Date)