

2017-2018 SCHOOL YEAR

HERITAGE CHRISTIAN ACADEMY MEDICAL
EMERGENCY/STUDENT RELEASE FORM

STUDENT NAME _____ HOME ROOM TEACHER _____

HOME ADDRESS _____

DATE OF BIRTH _____ GRADE LEVEL _____ SEX: M or F

Email Address(es): _____

FATHER'S NAME _____ Driver's License # _____

Home Phone _____ Cell Phone # _____ Work Phone _____

MOTHER'S NAME _____ Driver's License # _____

Home Phone _____ Cell Phone # _____ Work Phone _____

If divorced, which parent is assigned custody _____ May non-custodial parent pick up child from school? _____

****LEGAL DOCUMENTATION is required if non-custodial parent is NOT allowed to pick up child****

Student's Cell Phone Number, if applicable _____

Is your student medicated with any prescription medicine daily? Please list: _____

Is your student diagnosed with a medical condition? Please list: _____

Is your student allergic to any food, insects, or environmental allergens? _____

Please note any other important information for the school nurse:

RELEASE In case of emergency, accident, or serious illness to the student named on this form, in which medical treatment is required, I (parent/guardian) request the school to contact me. If the school is unable to reach me, my signature below authorizes school personnel to exercise their own judgment in making whatever arrangements necessary to transport the student to a hospital emergency room.

Parent /Guardian Signature _____ **Date** _____

The student above has my permission to be picked up by those listed below. I understand my child cannot be picked up by anyone except his/her parents unless they are on the list.

FILL IN ALL BLANKS

NAME _____ Driver's License # _____

Home Phone _____ Cell Phone # _____ Work Phone _____

NAME _____ Driver's License # _____

Home Phone _____ Cell Phone # _____ Work Phone _____

NAME _____ Driver's License # _____

Home Phone _____ Cell Phone # _____ Work Phone _____

Please inform anyone approved by you on this release form, that they **must provide their driver's license number before your child will be released into their custody. **It is the responsibility of the parent/guardian to notify the school office in writing if someone other than the names listed will pick up your child. Please note this includes overnight with friends, party pickups, etc.