Student Name _____

Grade Entering _____

MEDICAL RELEASE FORM

To: Emergency Personnel

I hereby give my consent to any emergency medical personnel to administer necessary treatment to my child, _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if the situation warrants it.

I hereby grant permission for my son/daughter to participate in any and all sports and all extra-curricular activities. I waive, release, absolve, and hold blameless First Free Will Baptist Church and Seffner Christian Academy and their administrators, teachers, supervisors, physical education directors, managers, persons transporting my child to and from school activities and other participants, from any claim arising out of an injury or sickness to my child.

I authorize the personnel at Seffner Christian Academy to administer first aid to my child in the event of their involvement in an accident, injury or sickness.

THIS FORM MUST BE NOTARIZED

_____
SIGNATURE OF PARENT OR LEGAL GUARDIAN

State of Florida
County of Hillsborough

_____
DRIVERS LICENSE #

On the _____ day of _____, 20____, before me came _____, to me known to be the individual described in and who executed the same.

_____
NOTARY PUBLIC
My Commission Expires: _____

EMERGENCY INFORMATION:

Child's Doctor _____ Office Phone _____

Insurance Name _____ Policy # _____

Hospital Preference _____

PICK-UP/ EMERGENCY LIST: Please list the people who are allowed to pick up your child from Seffner Christian Academy **AND** can be contacted in case of an emergency. **It is the sole responsibility of the parent to notify the school of any changes to this list.**

Name: _____ Relationship: _____

Home # _____ Work # _____ Cell # _____ Other # _____

Name: _____ Relationship: _____

Home # _____ Work # _____ Cell # _____ Other # _____

Name: _____ Relationship: _____

Home # _____ Work # _____ Cell # _____ Other # _____

Name: _____ Relationship: _____

Home # _____ Work # _____ Cell # _____ Other # _____

Medical History:

Previous hospitalization? ( ) No ( ) Yes- If yes, why? _____

Is child allergic to anything? ( ) No ( ) Yes- - If yes, what? _____

Is the child under the care of a doctor? ( ) No ( ) Yes -If yes, for what reason? _____

Does child take any prescribed medications on a daily basis? ( ) No ( ) Yes- If yes, please list._____

NOTICE: No medication will be dispensed without a written prescription (i.e. Tylenol, Motrin, etc)

Any history of convulsions? ( ) No ( ) Yes- If yes, please list._____

Are there any special instructions that we should know about? ( ) No ( ) Yes- If yes, please list._____

Explain: _____