



PARENTAL CONSENT AND MEDICAL AUTHORIZATION

Student Name: _____ Date of birth: _____

Student Address: _____

Male Female Grade: _____ Primary Residence: Mother Father

Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____

Home Phone Number: _____ Home Phone Number: _____

Father's Work: _____ Mother's Work: _____

Address: _____ Address: _____

Father's Work Number: _____ Mother's Work Number: _____

Father's Cell Number: _____ Mother's Cell Number: _____

Family Doctor: _____ Doctor's Phone Number: _____

Medical Insurance Carrier: _____

If parents are unavailable, who should be contacted in case of an emergency?

(Name and number) _____

(Name and number) _____

Is your child presently taking any form of medication? yes no

If yes, please list the name(s) of medication and dosage: _____

Is your child allergic to any medication, food, or insect? yes no

If yes, please list: _____

Does your student require a special diet? yes no

If yes, please provide detailed restrictions: _____

Are your student's immunizations up-to-date? yes no

If no, please explain _____

I give my permission to the Freedom Christian School staff to administer the following to my student at their discretion:

Tylenol (Acetaminophen) Yes No
Ibuprofen Yes No

Has your student suffered from the following?

seizures asthma heart murmur
 diabetes hay fever kidney disease
 other: _____

If yes, please explain: _____

Does your student swim? _____ **Does your student sleepwalk?** _____

Does your student have any physical disability that would prevent him/her from participation in rigorous physical activity? yes no

If yes, please explain _____

Are there any other physical or emotional concerns of which we should be aware?

yes no **If yes, please explain** _____

I, the undersigned, being the parent or legal guardian of the student named above, do hereby consent to the participation of my student in all of the activities for minors at Freedom Christian School, including but not limited to competitive sports, games played at recess, field trips, and any other activities customarily associated with children at school or under a school's supervision.

Further, I certify that my student is physically fit and adequately trained to participate in such events except as may be noted here:

In the event that I cannot be reached, I authorize my student to receive any necessary emergency medical services that in the school's estimation is required under the circumstances.

I will not hold Freedom Christian School liable for any injury or damages in an amount exceeding any applicable insurance coverage. I hereby voluntarily release and waive any claim for damages or injury brought on behalf of my student, or myself, in excess of any applicable insurance coverage in consideration of I Corinthians 6.

I declare under penalty of perjury that the information provided above is complete and accurate. I further agree to notify Freedom Christian School in the event of any health changes that would restrict my student's participation in any normal youth or children's activity at Freedom Christian School. I also agree that Freedom Christian School's agents have the right to restrict my student from any activity that they do not feel is within the physical capabilities of my student.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

If a student resides with two parents, both must sign this form.