



Heritage Christian Academy
Emergency/Medical Release Form
School Year _____



Student Name _____

Grade _____ Date of Birth _____

I give permission for my student to take part in all school activities, premises, and absolve the school from liability to me or my student because of any injury to my student at school or during any school activity. I also grant permission to the school administration or school employee to take whatever steps they deem necessary in an emergency if I cannot be reached. This may mean administering first aid, obtaining assistance of a doctor, or going to the emergency room of a hospital.

Parent/Guardian Signature

Date

PLEASE FILL OUT ONE FORM, IN ITS ENTIRETY, FOR EACH CHILD.

These forms are used individually for field trips or any event or activity that takes place away from HCA campus.

List any physical or chronic health conditions as well as any allergies (including food, medications, seasonal)

Does your child need to medicate during school hours? _____ If yes, please see office for form and more details.

Child's Doctor _____ Doctor's phone _____

Hospital of choice _____

Father's Name _____ Email _____

Cell _____ Land line _____ Work _____

Home Address _____

Mailing Address _____

Mother's Name _____ Email _____

Cell _____ Land Line _____ Work _____

Home Address (if different) _____

Mailing Address (if different) _____

Emergency and/or pick up authorization if parent(s) cannot be reached.

These contacts will reflect the current school year.

All previous contacts will be deleted. Keep in mind that you may add/delete contacts throughout the school year.

1. _____ Relationship _____ Phone _____ Pick up? Yes or No

2. _____ Relationship _____ Phone _____ Pick up? Yes or No

3. _____ Relationship _____ Phone _____ Pick up? Yes or No