

Student Name: _____

School Year _____

FAITH CHRISTIAN SCHOOL

Permission / Authorization

We give permission for our child to take part in all school activities, including sporting events and practice, and school-sponsored trips away from the school premises.

In the event our child becomes ill or is injured while under school supervision, we authorize the school authorities to take the following steps:

- a. Contact a parent of the student and follow his/her instructions.
- b. If neither parent can be reached, contact the student's physician and follow his/her instructions.
- c. If the student's physician cannot be reached, contact, at their own discretion, a licensed, practicing physician and follow his/her instructions.
- d. In the event of an accident or an acute illness, call an emergency paramedic unit and arrange for necessary emergency medical and surgical care if we are not immediately available.

We also agree to accept responsibility for the cost of any above medical services. We agree to release the School Board and any of its employees from any and all liability in connection with these activities and instructions, and to hold them harmless from injury or damage caused to our child.

Physician's Name: _____ Phone: _____

Address: _____ City: _____

Father employed by: _____ Phone: _____

Cell phone number: _____

Mother employed by: _____ Phone: _____

Cell phone number: _____

Emergency contact (other than above): _____ Phone: _____

Relationship of emergency contact to the student: _____

Signature: _____
Father or legal guardian

Signature: _____
Mother or legal guardian

This form must have two signatures. If single parent custody, please indicate.

PLEASE COMPLETE BOTH SIDES OF THIS FORM.

CHILD'S MEDICAL HISTORY

Does your child have any history of and/or take any of the following:

Physical Allergies: Yes _____ No _____ If yes, please explain:

Medical Allergies: Yes _____ No _____ If yes, please explain:

Regular Medication: Yes _____ No _____ If yes, please explain:

Serious/Chronic Illness: Yes _____ No _____ If yes, please explain:

Has your child had a Tetanus Booster within the past year? _____

If so, on what date? _____

The State of Arizona requires a Tetanus Booster at age 15.

Occasionally your child may request pain-relieving medicine for various reasons. This cannot be given without your permission. If you would like this type of medicine to be given at the administrator's discretion, by the administrator or someone designated by him, indicate the **amount and type** of medicine in accordance with your wishes. If you do not give permission, we will call you each time your child makes a request. Please feel free to add special instructions as needed.

Acetaminophen (Tylenol): 500 mg tablet 1 tablet _____ 2 tablets _____

Ibuprofen (Advil): 200 mg tablet 1 tablet _____

Parent or Legal Guardian Signature

PLEASE COMPLETE BOTH SIDES OF THIS FORM.