

COMMUNITY CHRISTIAN SCHOOL

MEDICAL RELEASE

Student Name: _____

Date of Birth _____ Grade _____

Address _____

Student lives with (names) _____

Relationship to student _____ and _____

Mother's place of employment _____ Phone _____

Cell phone: _____ Email: _____

Father's place of employment _____ Phone _____

Cell phone: _____ Email: _____

Primary language spoken at home _____

Health Insurance No _____ Yes _____ Type _____

In case we cannot contact you, please list two additional names (someone who is available during school hours and has a means to pick up your child in case of illness).

1. Name: _____ Phone: _____

Address: _____ Relationship to Student: _____

Cell phone: _____ Email: _____

2. Name: _____ Phone: _____

Address: _____ Relationship to Student: _____

Cell phone: _____ Email: _____

Doctor _____ Phone _____

Address _____

I give my permission to the school's representative to administer the following over-the-counter (OTC) medications to my child, as needed, as indicated by my signature below. I have crossed out any products that I do not want given to my child.

1. Betadine Scrub – (povidone Iodine) – for cleansing
2. Vaseline – for dry chapped lips
3. Solarcaine – (20% Benzocaine)
4. Antibiotic ointment (Bacitracin, Neomycin Sulfate, Polymixin B sulfate)
5. Sterile saline eyewash
6. Tylenol – (acetaminophen) – for children 5 years or older
7. Anti- itch creme (may contain hydrocortisone)
8. Advil – (Ibuprofen) for children 6 years or older

Allergies and their symptoms: _____

Medical Problems: _____

* _____
*Parent/Legal Guardian Signature (required for OTC administration) Date