



Mooresville

CHRISTIAN ACADEMY

Emergency and Medical Information Release

Please Be Advised

- To insure the health and well-being of your child, this information may be shared with other school staff/faculty as deemed necessary.
- If emergency medications are needed at school, they **MUST** be at the school or student will not be allowed to participate in school field trips or other off-campus activities.

Student's Name (Please Print) _____ Grade _____

Address _____

City _____ State _____ Zip Code _____

Parent/Guardian Name _____

Father/Guardian Phones

Home _____ Business _____ Cell _____

Mother/Guardian Phones

Home _____ Business _____ Cell _____

Local Emergency Contacts/Authorized To Pick Up My Child

#1 _____ Phone _____ Relation to Student _____

#2 _____ Phone _____ Relation to Student _____

Physician Name _____ Phone _____

Medical Conditions/Health Concerns (including allergies) _____

Medications (please include dosages) _____

Which of these should be taken at school? _____

Medications needed while at school **MUST** be brought by an adult to the school office to be dispensed (*students are allowed to carry inhalers if a special permission note signed by the doctor is on file*). A prescription drug **MUST** have a current pharmacy label on the container and a medication permission form filled out from the parent or guardian giving permission to dispense the medicine. A non-prescription medication must be brought in its original container and medication permission form filled out by parent/guardian. **No medication will be dispensed without written permission. Medications must be transported by AN ADULT to the school' office and picked up by an adult to ensure the safety of our students.**

Parent Signature _____ Date _____



Emergency Treatment Consent Release

In the event of absence, I/we hereby allow a representative of Mooresville Christian Academy to authorize consent for medical treatment in the event of an emergency. I/we understand that if circumstances permit and is not detrimental to the health and well-being of my child, we and/or physician will attempt to be contacted. In signing this consent, I/we are authorizing consent for medical treatment, including, but not limited to, administration of anesthesia, surgical intervention, blood transfusions and necessary medical procedures.

This consent/authorization shall include and extend to all matters which are required by Hospitals and Health Care Centers. In consideration of the services above which are rendered to the child named below, I/We agree to pay for all such services. This authorization shall remain in effect through May 31 of each year unless revoked by /me/us.

Student's Name (*Please Print*) _____ Grade _____

Father/Guardian Signature _____ Date _____

Mother/Guardian Signature _____ Date _____

In the event that this form is executed by only one parent/guardian, please state the reason the other parent/guardian cannot be obtained:

OTC Medication Release

In an effort to better serve our families, over-the-counter medications are available for your child. Only the medications listed below will be available and we will only dispense the amount recommended on the label of for the indications listed. **One parent/guardian must sign this form and initial** which medications you have given us permission to dispense.

_____ Acetaminophen

_____ Ibuprofen

_____ Benadryl

_____ Calcium carbonate (antacids, Tums)

_____ Hydrocortisone Cream

_____ Neosporin Ointment

_____ Throat lozenges

Initial _____ Signature _____ Relation to Student _____