Moriah Christian Academy
Medical Release
2008-2009

Student's Name: _____ _____ _____/_____/_____
Last First Middle Age Date of Birth

Authorization for Medication:

I hereby authorize the staff at Moriah Christian Academy to administer the following medications as needed:

___Tylenol ___Ibuprofen ___Cough Drops ___Other:_____

Please list all medications the student takes on a regular or seasonal basis:

_____

If the student needs to take this medication during school hours, please list instructions below:

_____

Please list any known allergies:

_____

Authorization for Emergency Medical Care:
In the event of a medical emergency (in the judgment of school personnel) to the minor student, I/we hereby authorize ambulance transport, x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any ambulance service, physician, dentist, or hospital services or any other emergency medical services to said minor whether such diagnosis or treatment is rendered at the office of the physician, dentist or hospital.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, and is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise the best medical judgment in diagnosis, medical, dental or surgical treatment. I/we understand that I/we assume full financial responsibility for care rendered.

My preference is for my child to be treated at the office of _____, _____
Physician Dentist
or at _____.
Hospital

In case of emergency, please contact the following: (please list parents first)

_____
Name Relationship Cell/Work Phone & Home Phone

_____
Name Relationship Cell/Work Phone & Home Phone

_____
Name Relationship Cell/Work Phone & Home Phone