First Christian Academy Emergency Medical Release Form

GRADE _____________ SEX_____________AGE ______ BIRTHDATE _______________ DATE ___________________________

Child's Full Name____Known as______________________________

Home Address: ___________________________________City: __________________________________Zip:______________

Allergies: ____

Medicines Routinely Taken: ____

Name of Custodial Parent(s) Legal Guardian(s): Email: ____

____ ____

Mother's Name **Place of Employment**

____

Home Phone (incl. area code) **Cell phone (incl. area code)** **Work Phone (incl. area code)**

____ ____

Father's Name **Place of Employment**

____

Home Phone (incl. area code) **Cell phone (incl. area code)** **Work Phone (incl. area code)**

***Person(s) NOT AUTHORIZED to visit/pickup child*: ____**

Emergency Contact (if custodial parent/guardian cannot be reached):

____

Name **Relationship** **Phone Number**

____

Name **Relationship** **Phone Number**

Permission for photographs/videos used in marketing and/or social media __________PLEASE INITIAL

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If my child, ____, should become ill or injured at First Christian Academy, I understand that the facility will (1) contact me immediately or (2) contact the person(s) I have designated if I cannot be reached. Should the facility be unable to reach me and/or the person(s) designated, they are authorized to arrange for emergency medical treatment necessary to ensure the health and safety of my child. I will accept responsibility for payment of medical services rendered. I give full consent to transport by ambulance if the situation warrants it.

STATE OF FLORIDA, COUNTY OF PASCO

The above was acknowledged before me on ______________________, 20_______

By __________________________________, who is personally known to me or who

Name of Affiant

produced __________________________________as identification

Type of Identification

Signed ____ Seal

Signature of Notary

Parent Signature: ______________________________

Relationship to Student: ________________________

Date: ____