MEDICAL PERMISSION AND RELEASE FORM
2019-2020

CHILD #1_____ AGE _____ GRADE _____

CHILD #2_____ AGE _____ GRADE _____

CHILD #3_____ AGE _____ GRADE _____

CHILD #4_____ AGE _____ GRADE _____

Family Physician _____ Ph # _____

Insurance Company _____ Policy # _____ Policy Holder Name _____

DIETARY PREFERENCE: _____

KNOWN ALLERGIES / MEDICAL CONDITIONS

CHILD # 1_____
❒ FOOD ❒ PENICILLIN/DRUGS ❒ INSECT STINGS/BITES ❒ PREVIOUS SERIOUS ILLNESSES ❒ CURRENT MEDICATIONS
❒ SPECIAL DIET _____

CHILD # 2_____
❒ FOOD ❒ PENICILLIN/DRUGS ❒ INSECT STINGS/BITES ❒ PREVIOUS SERIOUS ILLNESSES ❒ CURRENT MEDICATIONS
❒ SPECIAL DIET _____

CHILD # 3_____
❒ FOOD ❒ PENICILLIN/DRUGS ❒ INSECT STINGS/BITES ❒ PREVIOUS SERIOUS ILLNESSES ❒ CURRENT MEDICATIONS
❒ SPECIAL DIET _____

CHILD # 4_____
❒ FOOD ❒ PENICILLIN/DRUGS ❒ INSECT STINGS/BITES ❒ PREVIOUS SERIOUS ILLNESSES ❒ CURRENT MEDICATIONS
❒ SPECIAL DIET _____

AUTHORIZATION FOR ADMINISTRATION OF O.T.C. MEDICATIONS

CHILD #1_____ ❒ Advil/Motrin ❒ Tylenol ❒ Cough Drop ❒ Neosporin ❒ Benadryl Spray

CHILD #2_____ ❒ Advil/Motrin ❒ Tylenol ❒ Cough Drop ❒ Neosporin ❒ Benadryl Spray

CHILD #3_____ ❒ Advil/Motrin ❒ Tylenol ❒ Cough Drop ❒ Neosporin ❒ Benadryl Spray

CHILD #4_____ ❒ Advil/Motrin ❒ Tylenol ❒ Cough Drop ❒ Neosporin ❒ Benadryl Spray

I HEREBY AUTHORIZE NAPLES CHRISTIAN ACADEMY TO TAKE MY CHILD TO ANY HOSPITAL OR LICENSED PHYSICIAN FOR MEDICAL TREATMENT IN THE EVENT OF AN EMERGENCY IN WHICH NEITHER PARENT CAN BE REACHED.

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Parent/Guardian Printed Name Parent/Guardian Signature

I HEREBY AUTHORIZE ANY LICENSED PHYSICIAN OR MEDICAL TREATMENT CENTER TO TREAT MY CHILD IN CASE OF AN EMERGENCY IN WHICH NEITHER PARENT CAN BE REACHED.

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Parent/Guardian Printed Name Parent/Guardian Signature

***Prescription Medication Policy* – NOTE - Prescription medication MUST be in the original container with a label showing the prescribed dosage and name of student. For insurance liability reasons, students are not permitted to administer their own medications.**

Student Name _____ Prescription Medication _____

Time to be administered ❒_____ a.m. ❒_____ p.m.