



Credo Academy

Medical History/Release Form

Place
Current
1"x 1" Photo
Here.

Student's Name (First, M.I., Last): _____

DOB: _____ Age: _____

Home Address: _____ City: _____ Zip: _____

Persons to contact in case of an emergency: List parent(s) and best phone numbers first.

Full Name	Relationship to student	Best Phone Number

Check ANY of the following that the student has or has had:

- | | | |
|--|--|--|
| <input type="checkbox"/> Allergies/Hay Fever | <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies to Medicines, specify _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Ear Infections |
| <input type="checkbox"/> Emotional Disorders | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Eyeglasses/Contacts |
| <input type="checkbox"/> Fainting Spells/Convulsions | <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> HIV | <input type="checkbox"/> Lung Disease |
| <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Sinus Trouble | <input type="checkbox"/> Special Diet |
| <input type="checkbox"/> Other, specify _____ | | |

Does the student have any other conditions or allergies not listed above that we should know about? _____

Does the student take any prescription medication? _____

Primary Physician _____ Phone Number _____

Medical Insurance Carrier _____ Policy/Group # _____

Medical Share Program _____

I, the parent/guardian of the above-named student, give permission to Credo Academy to seek emergency medical/surgical treatment as necessary in my absence. I understand that every attempt will be made to contact me or the emergency contact(s) above before taking action if at all possible. I hereby waive and release Credo Academy from any liability for any injury or illness incurred while attending Credo Academy classes or functions. I will be financially responsible for any medical attention needed for this student and will contact Credo Academy if there are any changes to the information provided on this form.

Father's Signature _____ Mother's Signature _____ Date _____

***This form is for emergency use only.**

If your student's teacher(s) need to know about any of the above information, it is your responsibility to let them know.