

GCA Medical and Emergency Form

Students Enrolled at GCA

Birthdate

Age

1) _____

2) _____

3) _____

4) _____

5) _____

Parent & Best Number _____

Parent & Best Number _____

In the event a parent cannot be reached during a medical emergency, I authorize GCA or the following persons to make decisions regarding my child's care until I can be reached.

| Name | Relationship | Phone Number |
|------|--------------|--------------|
|------|--------------|--------------|

| Name | Relationship | Phone Number |
|------|--------------|--------------|
|------|--------------|--------------|

| Name | Relationship | Phone Number |
|------|--------------|--------------|
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I understand that in the event of an accident or injury to my child, school personnel will attempt to contact me as soon as possible. It is my obligation to ensure all phone numbers and information is up to date and correct. If I, or the persons I have listed, cannot be reached, I hereby give my consent for Grace Christian Academy to arrange for any medical treatment my child may need. I understand that any medical treatment or service my child receives will be my financial responsibility. My child may be taken to:

My Hospital is: _____ Phone: _____

My Doctor is: _____ Phone: _____

I give consent for GCA to secure any emergency medical care for my child.

Parent Signature & Date

Parent Signature & Date

Family Last Name: _____

Do any of your children have any allergies? _____ If yes, please give the name of the child(ren) and explain the allergies. Use another sheet if necessary.

Has your doctor prescribed an Epi Pen* for your child (ren) ? _____ *(*Any student who has an Epi Pen, will need to provide Grace Christian Academy with an Allergy Action Plan, completed by a physician, prior to beginning classes.) *** Please explain if any of your children will be taking any prescription medication while at GCA?*

Explain if any of your children have any other health, behavioral, or emotional issues.

Special Instructions _____

Grace Christian Academy does NOT carry medical insurance for students injured on school premises, under school jurisdiction, or while participating in school-sponsored extracurricular activities. In the event that injuries do occur, GCA and the 8th and Harrison Church of Christ assume no legal responsibility.

I, the undersigned, have given correct and complete information, and I agree to inform GCA if the status of any of the above items changes during the current school term. I agree to the terms and policies stated in this form, and I understand and will abide by the policies and procedures.

Signature

Printed Name

Date

Signature

Printed Name

Date