

Evangel Christian Academy
MEDICAL RELEASE FORM
2011-12 School Year

Student's Name _____ Age _____ Sex: _____

Grade: _____ Date of Birth: _____ Home Phone: _____ Email: _____

Father's Name: _____ Employment: _____

Mother's Name: _____ Employment: _____

Insurance Information: Company _____ Policy/I.D. Number _____

Student's Health History (list all operations, serious illnesses, and pre-existing medical conditions; use back if more space is needed): _____

List all drug reactions: _____

Allergies (describe) _____

Last any physical handicaps _____

Emergency numbers (please list any person who could be reached in your absence):

Father: work _____ pager _____ cell home _____

Mother: work _____ pager _____ cell home _____

Other contacts

Name _____ relation: _____ home phone: _____

Work _____ cell _____ pager _____

Name _____ relation: _____ home phone: _____

Work _____ cell _____ pager _____

If necessary, ECA may seek all services in case of emergency. In the event that I cannot be reached, I give permission for this student to be transported to a hospital/medical facility. I also authorize the hospital/medical facility to provide emergency medical or surgical treatment. I will assume full responsibility for all charges related to the above, and release Evangel Christian Academy, its agents, employees, and administrators from any and all liability and causes of action in connection with the transportation and/or treatment of the student named herein.

In witness of our agreement and consent to the matters stated in foregoing, we have subscribed our signatures below

PARENT/GUARDIAN SIGNATURE

DATE

State of New Mexico

County of Bernalillo

The foregoing instrument was acknowledged before me this _____ by _____ who is personally known to me or who has produced _____ as identification and who did or did not take an oath.

Seal

Notary Public