



**PARENTAL CONSENT AND MEDICAL AUTHORIZATION**

Student Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Student Address: \_\_\_\_\_

Male  Female Grade: \_\_\_\_\_ Primary Residence:  Mother  Father

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Father's Work: \_\_\_\_\_ Mother's Work: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Father's Work Number: \_\_\_\_\_ Mother's Work Number: \_\_\_\_\_

Father's Cell Number: \_\_\_\_\_ Mother's Cell Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

*If parents are unavailable, who should be contacted in case of an emergency?*

(Name and number) \_\_\_\_\_

(Name and number) \_\_\_\_\_

*Is your child presently taking any form of medication?  yes  no*

If yes, please list the name(s) of medication and dosage: \_\_\_\_\_

*Is your child allergic to any medication, food, or insect?  yes  no*

If yes, please list: \_\_\_\_\_

*Does your student require a special diet?  yes  no*

If yes, please provide detailed restrictions: \_\_\_\_\_

*Are your student's immunizations up-to-date?  yes  no*

If no, please explain \_\_\_\_\_

**I give my permission to the Freedom Christian School staff to administer the following to my student at their discretion:**

Tylenol (Acetaminophen)  Yes  No  
Ibuprofen  Yes  No

**Has your student suffered from the following?**

seizures  asthma  heart murmur  
 diabetes  hay fever  kidney disease  
 other: \_\_\_\_\_

**If yes, please explain:** \_\_\_\_\_

**Does your student swim?** \_\_\_\_\_ **Does your student sleepwalk?** \_\_\_\_\_

**Does your student have any physical disability that would prevent him/her from participation in rigorous physical activity?**  yes  no

**If yes, please explain** \_\_\_\_\_

**Are there any other physical or emotional concerns of which we should be aware?**  
 yes  no **If yes, please explain** \_\_\_\_\_

*I, the undersigned, being the parent or legal guardian of the student named above, do hereby consent to the participation of my student in all of the activities for minors at Freedom Christian School, including but not limited to competitive sports, games played at recess, field trips, and any other activities customarily associated with children at school or under a school's supervision.*

*Further, I certify that my student is physically fit and adequately trained to participate in such events except as may be noted here:*

*In the event that I cannot be reached, I authorize my student to receive any necessary emergency medical services that in the school's estimation is required under the circumstances.*

*I will not hold Freedom Christian School liable for any injury or damages in an amount exceeding any applicable insurance coverage. I hereby voluntarily release and waive any claim for damages or injury brought on behalf of my student, or myself, in excess of any applicable insurance coverage in consideration of I Corinthians 6.*

*I declare under penalty of perjury that the information provided above is complete and accurate. I further agree to notify Freedom Christian School in the event of any health changes that would restrict my student's participation in any normal youth or children's activity at Freedom Christian School. I also agree that Freedom Christian School's agents have the right to restrict my student from any activity that they do not feel is within the physical capabilities of my student.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If a student resides with two parents, both must sign this form.**