



# WRIGHT

CHRISTIAN ACADEMY

## MEDICAL RELEASE

AUGUST 1, 2017 to JULY 31, 2018

Your child, as a member of Wright Christian Academy, could conceivably become sick or injured while away from home on overnight athletic trips, field trips, or other school activities away from the school grounds, where it is difficult to obtain permission to have emergency medical services provided. **Signing this form gives the school and its representatives permission to administer emergency medical treatment when and wherever needed.**

### MEDICAL AUTHORIZATION FOR EMERGENCY TREATMENT OF:

Name \_\_\_\_\_  Male  Female  
First Middle Last (Please print)

Address \_\_\_\_\_  
Street City State Zip

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Father's Name \_\_\_\_\_

Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Siblings at WRIGHT (Name/Grade) \_\_\_\_\_

### SECONDARY EMERGENCY CONTACTS Please list someone other than a parent or guardian.

1. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

### MEDICAL INFORMATION

**Serious** Allergies \_\_\_\_\_

Current inhaler(s) or other Emergency Medication \_\_\_\_\_

Current Prescription Medication(s) other than listed above \_\_\_\_\_

Student's Doctor \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize Wright Christian Academy  
Parent Name (Please print)

and such persons as it may designate to provide emergency medical treatment and doctor's  
care for the benefit of \_\_\_\_\_ /Grade \_\_\_\_\_  
Student's Name (Please print)

I further agree to be responsible for all reasonable medical charges and expenses in connection with such  
emergency treatment.

I further agree to hold harmless Wright Christian Academy and its designated agent from any  
claims or suits for damages for any injury or complications whatever which may result from this  
treatment. \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature

List any **serious** injuries, surgeries, or illnesses your child has had in the past \_\_\_\_\_

Indicate if your child wears corrective lenses, hearing aid, prosthesis, etc. \_\_\_\_\_

List any physical limitations or restrictions the school should be aware of at this time \_\_\_\_\_

Please send or fax (918-438-0700) an updated copy of your child's immunization record if your  
child received any immunizations during the past year. Current immunization record is due upon  
enrollment.

### **AUTHORIZATION TO ADMINISTER NON-PRESCRIPTION MEDICATION**

I hereby authorize the school Health Clerk, or persons designated to administer medication in  
her absence, to administer non-prescription medications, as indicated, when necessary,  
advisable, or an emergency.

Please indicate **one** of the following:

1.  I **wish to be notified before** administration of the medications listed below.
2.  It is **not necessary to notify me** upon administration of the medications I have indicated  
below.

Tylenol or Substitute       Tums or Antacid Substitute  
 Ibuprofen or Substitute       Benadryl or Substitute

\_\_\_\_\_  
Signature of Parent/Guardian      Date \_\_\_\_\_

This form will be kept on file for the duration of your child's enrollment at Wright Christian Academy for the 2016-2017  
school year. Any modifications will require the parent/guardian to notify the school of such changes.