



**ROSEBURG CHRISTIAN ACADEMY  
PARENTAL/GUARDIAN PERMISSION & MEDICAL  
CONSENT  
WITH LIABILITY RELEASE**

Student's Name: \_\_\_\_\_

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child (the "Child"), hereby consents to the participation by the Child in school sponsored activities conducted by ROSEBURG CHRISTIAN ACADEMY and to the participation of the Child in all events relating to the activities during the **duration of enrollment at RCA.**

The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of Roseburg Christian Academy to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the child. Health care shall include but not be limited to the administration of anesthesia, X-ray examination, and performance of operations, diagnostic and other procedures.

If there is no medical emergency, the guardian will first use reasonable efforts to contact the parent(s) and/or guardian(s) before administering or authorizing any treatment.

Notwithstanding other provisions in this Consent Form, *Roseburg Christian Academy* shall not have the authority to withhold or withdraw life-sustaining procedures for the Child.

The undersigned assume(s) all risk of injury or harm to the Child associated with participation in the Activities and agree(s) to releases, indemnify, defend and forever discharge Roseburg Christian Academy and its staff, employees and agents (collectively the "Organizer") of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to the Child or by the Child, howsoever caused, arising or to arise by reason of or during the Child's participation in the Activities.

This Consent Form may be revoked at any time before the expiration date with written notice to Roseburg Junior Academy.

Signed on \_\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_ .  
(date) (city) (state)

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

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

## Student Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Personal History – (Please check illnesses/injuries the student has experienced)

- |                                     |  |  |
|-------------------------------------|--|--|
| <input type="radio"/> Cancer        | <input type="radio"/> Measles                  | <input type="radio"/> Asthma                 |
| <input type="radio"/> Chicken Pox   | <input type="radio"/> Rheumatic Fever          | <input type="radio"/> Hay Fever              |
| <input type="radio"/> Diabetes      | <input type="radio"/> Scarlet Fever            | <input type="radio"/> Concussion/head injury |
| <input type="radio"/> Diphtheria    | <input type="radio"/> Tuberculosis             | <input type="radio"/> Muscle or joint pain   |
| <input type="radio"/> Epilepsy      | <input type="radio"/> Frequent Ear Infection   | <input type="radio"/> Other: _____           |
| <input type="radio"/> Heart Disease | <input type="radio"/> Whooping Cough/Pertussis |  |

### Student's Healthcare Information

Doctor's Name	Office Phone Number
Address	After Hours Number
Health Insurance Company	
Group or Policy Number	Telephone Number

### Allergies – (Please list any known allergies)

\_\_\_\_\_

### Medications – (Please list any medications your child is currently on)

\_\_\_\_\_

### Other Factors – (Briefly explain any factors such as surgeries, serious accidents or injuries, congenital defects, speech defects, or vision problems which may affect the child's school experience)

\_\_\_\_\_

\_\_\_\_\_

### I allow RCA to administer the following medications to my child: (Please check all that apply)

Pepto Bismol-\_\_\_\_\_ Ibuprofen-\_\_\_\_\_ Tylenol-\_\_\_\_\_ Cough Drops-\_\_\_\_\_

**Immunizations** – An official record of immunizations must accompany this medical record for all students entering school for the first time in the United States regardless of grade level. Accepted official records include:

- Oregon State Immunization Record
- Health provider record (with signature, stamp, or initials next to each date)
- Official immunization record from another state
- Oregon School Immunization Record (CSIR or "white card")

**Parent's Release:** I want my child to have the privilege of participating in school activities, including physical education classes, therefore he/she has my permission to compete in all sports, games and physical activities as part of the school program and/or as part of an after school program regulated by Roseburg Christian Academy. While I expect school authorities to exercise reasonable precautions to avoid injury, I understand that RCA assumes no financial obligation for an injury that may occur. I authorize emergency medical treatment to be provided in case of injury or illness.

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

\_\_\_\_\_  
Date