

Capital Christian School

Medical Consent Form — 2018/2019 School Year

Student:	Grade:
_____	_____
Last Name	First Middle Initial

Medical Information		
Physician's Name:	Telephone:	
_____	_____	
Physician's Address:		

Allergies:		

Medication(s) currently taken:		

Emergency Information (please list any medical problems or any other special instructions to be used in an emergency)		
_____	Date of Last Tetanus Shot:	
_____	_____	
Insurance Information:	Insurance ID Number:	
_____	_____	
In case of emergency please notify (please provide name & phone numbers):		
Mother:	Father:	Other:
_____	_____	_____

Consent	
Medical: I do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instruction of the above-named physician or any physician the school may call.	
First Aid: I do hereby consent to reasonable and prudent first aid to be administered by school personnel to the said minor as circumstances merit.	
_____	_____
<i>Signature of Parent or Guardian</i>	<i>Date</i>