



**STUDENT MEDICAL CONSENT FORM**  
 School Calendar Year 2010-2011  
*Please complete one form for each student.*

rev:3-18-10

<b>Child's Full Name</b>			
<b>Gender</b>		<b>Date of Birth</b>	
<b>Home Phone</b>		<b>Social Security #</b>	
<b>Complete Address</b>			
<b>Parents/Guardians:</b>	<b>Father/Guardian</b>	<b>Mother/Guardian</b>	
<b>Name</b>			
<b>Cell Phone</b>			
<b>Home Phone</b>			
<b>Work/Other Phone</b>			
<b>Complete Address</b>			
<b>Emergency Contacts - if Parents/Guardians are not available in the event of an emergency:</b>			
	<b>Emergency Contact #1</b>	<b>Emergency Contact #2</b>	
<b>Name</b>			
<b>Cell Phone</b>			
<b>Home Phone</b>			
<b>Work/Other Phone</b>			
<b>Complete Address</b>			

<b>Medical Insurance Co</b>		<b>Phone Number</b>	
<b>Name of Member/Insured</b>		<b>Policy Number</b>	
<b>Insurance Co. Address</b>			
<b>Medical Providers</b>	<b>Physician</b>	<b>Dentist</b>	
<b>Name</b>			
<b>Phone</b>			
<b>Complete Address</b>			

<b>Important Health Information:</b>	
List all medications this child is currently taking:	
List all allergies for above child:	
Explain any health problems or illnesses which would interfere with activity of any kind, both sedentary and strenuous:	
Describe any dietary restrictions or need that this child is required to observe:	
Describe any other health concerns for this child:	

*I understand that, in the event my child requires medical or dental treatment, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the school's sponsor or adult chaperone acting on behalf of the school, as agent for me, to consent to any X-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my child's medical allergies, medications being taken, medical problems and other pertinent information. My child has permission to participate in all prescribed activities except as noted by me.*

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Notary:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# STANDARD PERMISSION FORM

REV 3-18-10

## School Calendar Year 2010-2011

Throughout the school year, various activities are available to our students that require them to go off campus. Depending on the grade level, these might include service activities in the community, field trips, athletic competitions, fellowship activities, and mission trips or being shuttled to another campus for classes.

This form grants permission of the parent/guardian for their child to attend such school functions. There may be times throughout the year when specific permission forms may be required, but it is our hope that this form will provide for most of our students' needs.

Student Name	Grade

*Although Horizon Christian Academy intends to exercise responsibility in assuring a safe and enjoyable atmosphere for all students, accidents can still happen. I understand that my signature on this permission form means that I will not hold HCA liable in any way for accidents, injuries or illnesses on any school-sponsored trip. This form is effective from this date through the 2009/2010 school year.*

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother/Guardian

\_\_\_\_\_  
Date

Authorized Persons for Student Pick – Up
Please include <b>both</b> mother and father's names (or guardian/s) on the list, and any other person(s) to whom the child/children may be released, or who may be called to pick up the child/children if the parent(s) cannot be reached.

Adults Authorized to Pick Up Above Named Student			
Name	Cell Phone	Home Phone	Work/Other Phone

UNAUTHORIZED FOR STUDENT PICK-UP	
List any person who might call or attempt to pick up your child who is NOT authorized for pick-up. If yes, please provide their names and descriptions below.	
Name of person(s) who may NOT pick up child	Physical description(s) or other important information

I have read the HCA Parent/Student Handbook. I do understand and agree to comply with the policies therein contained and to support the overall mission of Horizon Christian Academy. I understand that the Headmaster of the program is responsible for enforcing the policies of HCA and promoting the growth and well-being for the student body. I understand that my child **WILL NOT** be released from the facility to anyone except the parents or persons listed above. I understand that changes or additions to this release form may be made **ONLY** in person or **IN WRITING** by the child's parent(s).

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother/Guardian

\_\_\_\_\_  
Date