



Crossroads Christian Academy  
5679 Tarlton Road  
Circleville, Ohio 43113

Phone: 740.474.3500  
Fax: 740.474.4027

### MEDICAL RELEASE FORM

Child Information			
Last Name	First Name	MI	DOB
Known Allergies	Explain		
Known Medical Conditions	Explain		
Any current medications	Name, dosage		
Any other medical or social issues we should know	Explain		
May we give your child Tylenol or Ibuprofen during the school day if needed?		Y / N	Tylenol _____ Dosage _____ Ibuprofen _____ Dosage _____

Family Information					
Last Name	First Name	MI	Last Name	First Name	MI
Address			Address		
Apartment/Unit			Apartment/Unit		
City	State	ZIP	City	State	ZIP

IN AN EMERGENCY PLEASE CONTACT			
Name	Contact Information		
Secondary Person (other than parent)	Contact Information		
Physician's Name/ Practice Name	Contact Information		
Dentist's Name/Practice Name	Contact Information		
Primary Insurance Company	Policy Holder's Name	ID #	Group/Policy #
Secondary Insurance	Policy Holder's Name	ID #	Group/Policy #

STATEMENT OF CONSENT	
<p><b>Statement of consent: In the event of an emergency or non-emergency situation requiring medical treatment, I, _____, hereby grant permission for any and all medical and/or dental attention to be administered to my child, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of the ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.</b></p> <p>Signature: _____ Date: _____</p>	

OR	
STATEMENT OF REFUSAL	
<p>I, _____ <b>DO NOT Give Permission to Transport. Crossroads Christian Academy does NOT have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:</b></p> <p>_____</p> <p>Signature: _____ Date: _____</p>	