

**Excel Christian School**  
**Medical Information/Liability Release**

Student Name \_\_\_\_\_ Age \_\_\_\_\_

In emergency notify \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**Other emergency contacts:**

#1 Person \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

#2 Person \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Student's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Student's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**Medical History: Please circle yes or no. Explain any "yes" answers and any medications they currently take for this condition.**

Allergies: Yes or No \_\_\_\_\_ (plants, insects, medications, etc.)

Diabetes: Yes or No \_\_\_\_\_

Stomach Problems: Yes or No \_\_\_\_\_

Heart Conditions: Yes or No \_\_\_\_\_

Epilepsy: Yes or No \_\_\_\_\_

Nervous Disorder: Yes or No \_\_\_\_\_

Asthma: Yes or No \_\_\_\_\_

Other: Yes or No \_\_\_\_\_

**Medications that school is allowed to administer; specify dosage:**

Ibuprofen \_\_\_\_\_ Acetaminophen \_\_\_\_\_ Antihistamine \_\_\_\_\_ Antacid \_\_\_\_\_ Midol \_\_\_\_\_

Cough Drops \_\_\_\_\_ Other \_\_\_\_\_

**Insurance information:**

Insured's Name \_\_\_\_\_

Company Name \_\_\_\_\_ Policy# \_\_\_\_\_

In the event I (or the other emergency contacts listed herein) cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by an Excel Christian School representative to hospitalize, secure proper treatment, order an injection, anesthesia, or surgery for my child. The undersigned agrees NOT to hold Excel Christian School, its agents or employees liable for damages, losses or injuries to the person or persons or property of the undersigned. The parents or guardians understand that they are signing for the minor listed on this form and that the signature is for medical liability release.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Relationship \_\_\_\_\_