

Physician's Name _____ **Phone** _____ **Insurance** _____

In the event my child needs medical attention and Evangel Classical Christian School is unable to reach me, I authorize the person named as emergency contacts to speak and act on my behalf for my child's welfare. I have advised these persons of any special medical needs my child may require. I further release the staff of Evangel Classical Christian School and Evangel Church, PCA from any liabilities in connection with the administering of first aid and other necessary medical attention required by my child. In the event of any emergency, when neither I nor my authorized contacts can be reached, the Evangel Classical Christian School authorities are hereby authorized to use their best judgment in obtaining medical attention/treatment for my child.

•Does your child have a significant medical condition(s)? Yes No If yes, please provide pertinent information:

•Does your child take any medications on a routine basis? Yes No If so, please note medication, dosage, frequency and reason for the medication. _____

•Does your child have allergies to any of the following?

Ants: Yes No

Bee Stings Yes No

Latex: Yes No

Medications Yes No _____ (list)

Food: Yes No _____ (list)

If yes, please briefly describe their typical reaction and treatment, if treatment will need to be provided at school, parents will need to follow the medication policy outlined in the ECCS Student Handbook.

Parent's Signature _____

Date _____