

SHERWOOD CHRISTIAN ACADEMY MEDICAL RELEASE

STUDENT NAME: _____ GRADE: _____

DATE OF BIRTH: _____ last name first name M.I. AGE: _____ SS# _____

PARENT NAME: _____ HOME PHONE: _____

WORK PHONE: _____ CELL PHONE _____

SECONDARY EMERGENCY CONTACT PERSON: _____

HOME PHONE: _____ OTHER PHONE: _____

FAMILY PHYSICIAN: _____ PHONE: _____

HEALTH INSURANCE COMPANY: _____

POLICY # _____ GUARANTOR: _____

*****Sherwood Christian Academy does NOT provide insurance.*****

PARENT/LEGAL GUARDIAN CONSENT & MEDICAL RELEASE

I hereby grant permission to _____, Sherwood Christian Academy, and associated medical personnel to call for assistance, give treatment, medical or surgical care deemed reasonably necessary to the health and well being of _____ (student).

The parents(legal guardian) understand that the risk of injury is assumed by the students and parents(legal guardian) when they are executing this form. I(parent/legal guardian) release Sherwood Christian Academy, employees of Sherwood Christian Academy, and associated medical personnel from any liability for damage and injury to the above named student and hereby accept the full responsibility for any and all damages or injuries sustained during school sponsored activities.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____