



Milford Christian School

2024-25

Medical Authorization and Liability Release

NOTE: Parent/Guardian is responsible for updating the school when any information in this form changes.

Small enough to be personal, large enough to be professional

STUDENT INFORMATION

Student's Name _____
First Middle Last Suffix

Sex M F Student's birthdate _____

Known allergies _____

Other known medical conditions or concerns _____
(More complete information will be filled out below.)

Name(s) of custodial parent(s) or legal guardian _____

Permission to contact non-custodial parent for medical authorizations? YES NO N/A
If yes, provide name and phone number for non-custodial parent:

Name _____ Phone _____

Mother's Name _____ Cell _____ Home _____
Last First

Mother's Employer _____ Work Phone _____
Name Address

Father's Name _____ Cell _____ Home _____
Last First

Father's Employer _____ Work Phone _____
Name Address

Medical insurance company _____ Policy # _____

Name of insured _____

Employer of insured _____

Primary health care provider _____ Phone _____

Dental provider _____ Phone _____

(Please continue the form on the back of this page.)

The following information will be used to contact those persons who will be responsible for making emergency medical decisions on behalf of the child listed above. Parental or guardian contact information must be updated if/when it changes. ONLY LIST THE NAMES OF THOSE WHO HAVE AUTHORITY TO MAKE DECISIONS IN AN EMERGENCY SITUATION INVOLVING THIS CHILD. List at least one person who may be contacted in an emergency in the event the parents or guardians are unavailable.

ADDITIONAL EMERGENCY CONTACTS

Name _____ Cell _____ Home _____
Last First

Name _____ Cell _____ Home _____
Last First

MEDICAL CONDITIONS

Complete the following items if your child has a condition(s) which might require emergency medical care.

Medical Condition(s) _____

Medications currently being taken by your child _____

Allergies/Reactions: _____

Over-the-counter pain medications or first aid products my Child may **NOT** have or use (parents are contacted by phone for permission and direction before dispensing any OTC medications): _____

EMERGENCY MEDICAL INSTRUCTIONS

(1) Signs/symptoms to look for: _____

(2) If signs/symptoms appear, do this: _____

(3) To prevent incidents: _____

Consent and Liability Release

I authorize Ministry personnel to transport my child immediately to the nearest hospital or urgent care center or to contact emergency services and have my child transported to a local hospital. **I FURTHER CONSENT FOR MINISTRY PERSONNEL TO AUTHORIZE MEDICAL TREATMENT FOR MY CHILD IN THE EVENT OF AN EMERGENCY.** I also authorize Ministry personnel to contact my child’s primary care or dental provider, in the event of an emergency. By signing this agreement, I acknowledge that the Ministry does not provide any health insurance covering my child during the activities referred to herein, and I understand that it is my responsibility as parent or guardian to obtain health insurance covering my child. I also agree to accept the sole responsibility for the costs of medical care.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____