

**NEW CASTLE CHRISTIAN ACADEMY
MEDICAL/EMERGENCY FORM**

Student's Name _____

List any allergies _____

List any other health problems your child has had in the last five years:

List continuing medication by name, dosage, and frequency:

Child's Physician _____ Phone _____

All medication brought from home must be **clearly marked** with the student's name, type of medication, dosage, and frequency. All medication must be given to the teacher immediately upon arrival.

Medical aid permit: I hereby give permission the personnel of the New Castle Christian Academy to hospitalize and/or secure proper treatment for my child named on this form in the event I cannot be reached. Permission is granted to render whatever emergency treatment may be judged necessary by an attending physician to the individual(s) listed on this form.

Parent/Guardian Signature _____

Relationship _____ Date _____

IF PARENT CANNOT BE REACHED, PLEASE CONTACT THE FOLLOWING:

NAME _____ PHONE _____ RELATION _____

NAME _____ PHONE _____ RELATION _____

NAME _____ PHONE _____ RELATION _____

DO NOT RELEASE MY CHILD TO: _____
