

**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:** \_\_\_\_\_

\_\_\_\_\_