

NLCA Emergency Contact/ Medical Consent Form

Student's Name _____

Mother/Guardian Name _____

Father/ Guardian Name _____

In the event of a *minor* illness who should we contact for pick up _____

Please list in order of preference contact name and numbers of those whom should be contacted in the event of illness. (include yourself first)

Contact #1 _____ Phone _____

Contact #2 _____ Phone _____

Contact #3 _____ Phone _____

Please list the names and phone numbers of those who have permission to pick up your child :

_____	_____
_____	_____
_____	_____

Medical Information:

Student's Physician _____ Physician's Number _____

List Medications taken on a regular basis: _____

What is your hospital of choice: _____

List any drug or environmental allergies _____

List any medical conditions that may limit regular school activities: _____

Please read carefully and sign the following agreement.

I certify that I have legal authority to consent to medical treatment of the above named student. I authorize school staff to communicate verbally or in writing with health care providers all information contained within this page. I authorize staff of New Life Christian Academy to obtain medical assistance in an injury which may be serious, including transporting my child by ambulance or helicopter to the hospital of my choice or the hospital deemed necessary by the attending medical professional. I understand that every effort will be made to contact myself and my above named emergency contacts only after 911 is called.

Mother/Guardian Signature

Date

Father/Guardian Signature

Date