

**HICKORY CHRISTIAN ACADEMY
MEDICAL/TRANSPORTATION RELEASE FORM**

MEDICAL RELEASE

Grade: _____

Student's Name: _____ Date of Birth: _____ SS #: _____
Address: _____ Zip: _____

EMERGENCY PHONE NUMBERS

Father at Work: _____ Home: _____ Cell: _____
Mother at Work: _____ Home: _____ Cell: _____

If parents cannot be contacted, indicate responsible adults to contact in case of emergency.

Emergency Contact 1: Name: _____ Relationship: _____
Home: _____ Work: _____ Cell: _____

Emergency Contact 2: Name: _____ Relationship: _____
Home: _____ Work: _____ Cell: _____

Name of Medical Insurance Co.: _____

Place of Employment: _____

Name of Policy Holder: (father or mother) _____

Policy Number: _____

Name of Student's Physician: _____ Phone: _____

Date of last DPT: _____ Tetanus: _____

List any allergies to medications, foods, etc. _____

Does the student take any medication on a daily basis? If so, specify: _____

Please list any other medical information that could be important in the case of emergency: _____

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if the situation warrants.

Parent/Guardian's Signature: _____ Date: _____

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TRANSPORTATION RELEASE

I, the undersigned parent or guardian, hereby gives consent for my child, _____, to travel on the Hickory Christian Academy Activity Bus or any HCA Activity transportation provided. I understand and hereby agree to assume all of the risks which may be encountered while traveling on said bus or provided vehicle, including activities preliminary and subsequent thereto. I hereby agree to hold Hickory Christian Academy and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any associated activity.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Parent/Guardian's Signature: _____ Date: _____

I do not give permission for my child, _____, to travel.

Parent/Guardian's Signature: _____ Date: _____