



Tri-State Christian School
Authorization To Consent To Medical Treatment

(Please Print)

I (We) _____ and _____

are the parent(s)/legal guardian(s), with legal custody of _____
(Child's Name)

and who attends Tri-State Christian School, give our permission for a licensed doctor, physician, or emergency treatment center selected by the school coach/representative to administer the necessary attention and aid ***Immediately*** to our child should he/she become injured or sick while on or during a school event or trip, and to do so without having to wait until we are contacted. We consent to any x-rays, examinations, anesthetic, medical or surgical diagnosis, treatment and hospital care deemed necessary. We understand the school coach/representative will endeavor to reach us should the nature of the injury or illness warrant it.

However, we will not hold any of the school personnel responsible if efforts to contact me (us) are unsuccessful. During this time we can be reached at:

Home Phone: _____

Father's Business Phone: _____ / **Cell:** _____

Mother's Business Phone: _____ / **Cell:** _____

Date: _____, **Father/guardian signature** _____

Date: _____, **Mother/guardian signature** _____

Medical Information

Nearest relative to contact if parents cannot be reached:

_____ (Name)

_____ (Relationship)

Phone: _____

Child's Doctor: _____

Phone: _____

Parent's Doctor: _____

Phone: _____

Medical Insurance Company: _____

Policy Number: _____

Allergies to medicines or other allergies: (please be thorough)

Child is presently taking the following medication:

For the following conditions: _____

Additional Information:



I give permission for Tri-State Christian School personnel to dispense Tylenol, Motrin, Ibuprofen or Cough Drops as needed to my child(ren).