



Medical Release Form

Student Information

Name _____ Address _____

City / State _____ Zip _____ Phone _____

Age _____ Male Female

Parent / Legal Guardian Information

Relationship to student: Parent Legal Guardian Legal Custody

Name _____ Address _____

City / State _____ Zip _____ Phone _____

Medical Insurance Carrier _____

ID # _____

Pediatrician: _____ Phone _____

1. I, the undersigned, legal guardian of _____, a minor, do hereby authorize, as agent(s), the adult supervisor of Victory Christian Academy, to consent to any diagnosis or treatment, and hospital care, which may be required, if the above named guardian cannot be reached.
2. It is understood that this authorization is given in advance of any specific care being required, but it is given to provide the agent the authority to approve care, which a physician may, in the exercise of his / her best judgment, deem advisable and necessary.
3. I hereby authorize any hospital, which has provided treatment to the above named minor to surrender physical custody of such a minor to the agent currently supervising the minor upon completion of treatment.
4. I hereby release Victory Christian Academy and the agent from liability in approval of care as recommended by a physician.
5. These authorizations shall remain effective until revoked in writing, delivered to said agent.

Signature: _____ Date: _____

Student Medical Information

List any medications, allergies, special conditions or health problems, etc.: