



# Christian Life Preparatory School

## Medical Release Form / Permission Slip Form

I give my child permission to participate in the Christian Life Preparatory School (a) electives or extracurricular activities, and (b) to ride as a passenger in any vehicle and with any driver authorized by the school's administration to provide student transportation for purposes directly related to that same activity. I also give any of the schools authorized representatives (staff sponsors or chaperones) permission to seek emergency medical assistance for my child as may be deemed necessary and appropriate. Finally, I recognize that the school and its representatives bear responsibility for my child's well-being only when he or she is under their direct authority and only to the extent that my child accepts and cooperates with their leadership and direction.

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CAMPUS ATTENDING (circle one):    MAIN (South Freeway)    NORTH (Jacksboro Hwy)    GRANBURY

### TYLENOL / MOTRIN PERMIT

My child MAY have either Tylenol or Motrin as needed during school hours.    Parent Initial \_\_\_\_\_

### FAMILY PHYSICIAN:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### STUDENT MEDICAL PROFILE:

Allergies: \_\_\_\_\_

History of Asthma (Please explain current treatment/care/medication): \_\_\_\_\_

\_\_\_\_\_

Daily Medication (what, how much, when): \_\_\_\_\_

Chronic Medical Condition(s): \_\_\_\_\_

Are there any limitations or activities the student should not be engaged in? Please explain: \_\_\_\_\_

\_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NOTE:** In order to complete your files, this form must be completed and returned to the school office **prior to the first class** your student(s) attends.