



Parental Release Form

Emergency medical information

Although the school desires to provide a safe and enjoyable atmosphere for all students, accidents can still happen. I understand that there are risk/dangers involved with participation in school-sponsored activities. In consideration of my child being allowed to participate, I assume responsibility for ordinary and reasonable risks.

In case of accident, illness, or other emergency, I request that the school contact me. If the school cannot reach a parent/guardian I give permission for the school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I give permission for school personnel to call paramedics immediately and then contact me as soon as possible thereafter. I agree to financial responsibility for those services being provided including medical transportation.

_____ **Yes**
initial

_____ **No**
initial

Student's Name

Class

Parent/Guardian Signature

Date



Parental Release Form

Permission to Give OTC Medicine

Child's name: _____ Grade: _____

Christ Lutheran School has my permission to administer the following medication(s) to my child. Doses will be given by weight unless otherwise specified.

PLEASE CIRCLE THE MEDICATION YOUR CHILD MAY HAVE.

Tylenol

Ibuprofen

Tums

Cough Drops

Special

instructions:

Weight _____

Parent's signature _____ Date _____

Permission to Give Specific Medicine

Child's name: _____ Grade: _____

Christ Little Rock School has my permission to administer the following medication(s) to my child. Doses will be given by weight unless otherwise specified.

Medication Name _____

Dosage _____

Time to give medicine _____ Weight _____

Special notes _____

Medication must be sent to school office in the original prescription bottle labeled with your child's name and instructions.

Parent's signature _____ Date _____