

**CHRIST CHURCH SCHOOL AFTER SCHOOL CLUBS  
MEDICAL AUTHORIZATION & RELEASE OF LIABILITY  
2010 - 2011**

**1. MEDICAL INFORMATION**

Student's Name \_\_\_\_\_ Program/Grade \_\_\_\_\_

Medication presently taking \_\_\_\_\_ Allergies \_\_\_\_\_

Other medical conditions that the school needs to know about are: \_\_\_\_\_

Student's Physician \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Health Insurance: Company \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Insured \_\_\_\_\_

**When unable to reach the parents/guardian in the event of an emergency, please notify:**

Name \_\_\_\_\_ Local Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**2. AUTHORIZATION**

Permission is hereby granted for Christ Church School to have \_\_\_\_\_ (Name of Student) treated by the physician named above and/or the nearest hospital should this student suffer any illness or accident requiring emergency hospitalization, medication, treatment or surgery while at a Christ Church School activity. I understand that an attempt will be made to contact me.

\_\_\_\_\_ Effective August 1, 2010 - June 30, 2011

**Parent/Guardian Must Sign In Presence Of Notary**

Relationship \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**3. RELEASE OF LIABILITY**

(Name of Student) \_\_\_\_\_ has my permission to attend Christ Church School After School Clubs, and I will NOT hold the school or its staff or chaperones responsible for any injury incurred by him/her.

**Parent/Guardian Must Sign In Presence Of Notary**

State of Florida

County of \_\_\_\_\_

the foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

by \_\_\_\_\_, who is personally known to me or who produced \_\_\_\_\_

\_\_\_\_\_ as identification.

Notary Public State of Florida \_\_\_\_\_

Printed Name \_\_\_\_\_