

MEDICAL INFORMATION AND RELEASE

Section 1 – Medical Contact Information

Child's Physician: Phone:
Address: City/ZIP:
Child's Dentist: Phone:
Address: City/ZIP:
Preferred Hospital: Insurance Policy #:

Section 2 – Medical/Allergy Information

Please list any allergies your student may have (Include food/medicinal allergies):

Please list all medications your child is presently taking (Including Epi-pen and OTC medications):

Does your child have any conditions, disabilities, or medical devices that we need to be aware of? **Y/N**
Please list them and define instructions (attach doctor/device instructions if needed):

Please attach a copy of your child's immunization form to this packet. (Colorado state law requires a current certificate of immunization or exemption be kept on file for attendance in any school.)

Section 3 – Permissions

Do we have permission to give your child medication? **Y / N** Do you require a call prior to medication being given? **Y / N**

Please list all medications your child will have on property and has permission to receive. *Please include any administration instructions specific to the medication, including dose size, timing, administration method.*

By signing below, you consent for Springs Baptist Academy (SBA) to dispense medication to your student based upon the directions given here or by special instruction from a qualified medical professional. You understand that you will store the above items in the SBA medical cabinet in a sealable, clear Ziploc bag labeled with your family name. Furthermore, you understand that SBA will not store any controlled substances on property and will only dispense medications as prescribed or under specific instruction granted by you or a qualified medical professional.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (Please Print) _____

**MEDICAL RELEASE /PARTICIPANT/PARENT & GUARDIAN
WAIVER/INDEMNITY AGREEMENT**

**SPRINGS BAPTIST ACADEMY
3500 N. NEVADA AVE.
COLORADO SPRINGS, CO. 80907**

I, the parent/guardian of _____, give permission for my child to participate in school-sponsored activities sponsored by Springs Baptist Academy. I will inform the school by written request should I choose to keep my child from any activity or trip.

I understand that my child may make spiritual decisions at school as a result of the biblical influence of this Baptist school. I am aware that they will be taught doctrines that are Baptist in nature.

I authorize the representative of the school complete medical guardianship of my child in case of an accident or emergency at school or during a school-sponsored activity. The representative of Springs Baptist Academy is authorized to have my child treated and given medical attention as needed for their well-being. I understand that if needed, my child would be transported by ambulance to the nearest hospital.

I hereby for myself, my heirs, executors, and administrators waive and release Springs Baptist Academy and any representatives, employees, agents, successors of the school from any liability or responsibility for injuries, damages, or expenses that may occur to my child arising from the normal course of a school activity and I agree to indemnify and save harmless Springs Baptist Academy and any representative of the school against any such claim for injuries, damages, or expenses made by or on behalf of my child in the course of such activities.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Please Print): _____