

Paideia Classical School

Medical Information and Release Form

Student's Name: _____ Grade: _____

Emergency Contacts:

1) _____ Phone _____
Name/Relationship

2) _____ Phone _____
Name/Relationship

Parents Phones', Daytime _____ Evening _____ Cell Phone _____

Please list any medical problems: _____

List any prescriptions your child is taking _____

List any **allergies** your child has and **what reactions they cause:**

Medications _____

Food _____

Insect bites/bees stings _____

Other _____

Dietary Restrictions _____

Swimming Ability _____

A change in your child's health status should be reported to the School as soon as possible!

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Insurance Company: _____

Policy Number: _____

Family Doctor: _____ Phone Number: _____

I hereby authorize Paideia Classical School, faculty, staff and/or volunteers to act on my behalf in any emergency requiring medical attention and to attend to any health problem or injury to my child that may occur. I hereby release and hold harmless Paideia Classical School, faculty, staff or volunteers from any liability, injuries, illnesses or expenses that may arise. I acknowledge that I am responsible for any and all medical expenses or other charges in connection with my child's/ward's attendance at Paideia Classical School.

Parent/Guardian Signature: _____ Date: _____