INLAND CHRISTIAN ACADEMY PROGRAM
19580 Arcadia Street · Corona, CA 92881 · 951-273-0153

MEDICAL EMERGENCY RELEASE FORM

(One per student)

In the rare instance of a medical emergency at a school sponsored activity in which the parents cannot be reached, we will need the following information, including the signed release below.

Student's Full Name: _____ **Date of Birth:** _____

I, the undersigned parent or legal guardian of the above-named student, a minor, do give my permission for him/her to attend any field trips, excursions or classes related to ICAP. Should the need arise, I hereby authorize and consent to any treatment considered necessary by a qualified emergency medical technician or emergency room staff or licensed member of the medical profession. It is understood that this authorization is given in advance of any care that the aforementioned physician in the exercise of his best judgment may deem advisable. I will not hold the ICAP program, the church, and/or any staff members liable for medical aid rendered and will reimburse the church and/or program staff for any medical or other expenses incurred in the care of my child.

This authorization is given pursuant to Section 25.8 of the Civil Code of California and is in effect only for the above-named child listed in this document.

Insurance Information:

Company: _____ Policy # and/or _____

Medical Record # _____

Physician: _____ City _____ Phone _____

Is the child taking medication? No ___ Yes ___ Specify _____ Dosage _____

Date of last Tetanus shot _____ Any allergies? _____

Local Emergency Contact: _____
Name Relationship Phone

Local Emergency Contact: _____
Name Relationship Phone

_____ _____ _____ _____
Parents' or Legal Guardians' Signatures Phone Date

I have read and agree to the *Statement of Faith* and the *Parent Responsibility Contract* and agree to enforce the rules listed in the *Student Code of Conduct.*

_____ _____
Parent Signature Date

I have read the *Student Code of Conduct* and agree to comply with the rules stated there.

_____ _____
Student Signature (necessary for students 10 years old and over) Date