



Faith Christian Co-op Medical Release Form

I hereby allow Faith Christian Co-op or its designated members to seek emergency medical care for my child in the event of a medical emergency while the child is participating in co-op, while alerting me in a timely manner.

Signature: _____ Date: _____

I hereby allow Faith Christian Co-op to administer any over the counter medicine including BendaDryl, Tylenol, Ibuprofen, or Aspirin.

Signature _____ Date _____

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List any allergies to medicine, environment, or food, and whether extreme reaction (le does the child have an epipen/inhaler/other)

Any medical conditions (asthma, diabetes, hypoglycemia, epilepsy, etc)

Emergency Contact:

Name _____ Phone: _____

Name _____ Phone _____

Preferred Hospital _____

Primary Care Physician _____ Phone _____

Insured by _____ or Self-pay _____

Please provide any other pertinent information that would help us better understand your child whether physical, learning, behavioral, emotional, etc.
