

AUTHORIZATION FOR MEDICAL CARE AND MEDICAL RELEASE

I, the undersigned, am the parent and/or legal guardian of the person of _____ a minor, being under the age of eighteen (18) years. I have specifically granted my said child permission to attend King of Kings School, Middletown, NJ for the school year of September 20__ to June 20___. To the best of my knowledge and belief my said child has no mental or physical defects, allergies, diseases or impairment other than those listed below, and while attending King of Kings School he/she may engage in all indoor and outdoor activities, unless otherwise described below.

ANY KNOWN MEDICAL CONDITIONS, ALLERGIES OR ACTIVITY RESTRICTIONS:

In the event of an emergency I can be contacted at the following:

Telephone # _____ and/or address _____ or secondary Parent/Guardian

Telephone # _____ and/or address _____

My Pediatrician: Name _____ Telephone # _____

I have read the school's policy on Accidents, Injury and Illness in the Parent Handbook. I recognize that every effort will be made to contact me or my child's secondary guardian in the event of a medical emergency or illness.

If, my child, _____ should become ill or injured and I am unable to be reached in a timely fashion, I hereby authorize medical personnel, to administer emergency first aid, and if it should be necessary in the opinion of medical personnel, to transport my child to a hospital via ambulance, administer medication, blood and surgery to protect the life, health or safety of my child.

Medical and Hospital coverage insurance, which includes coverage of my said child, is in force and effect, being Policy Name and Number(s) _____

Signature of Parent/Guardian
