

Heritage Baptist Christian School
A Ministry of Heritage Baptist Church

RELEASE FORM/EMERGENCY CONTACT

Student's Name: _____ Grade: _____

Please list all people to whom your child may be released. List their name, address and phone number. **Please list parents' names first.**

<u>NAME OF PARENT/GUARDIAN</u>	<u>NAME OF PARENT/GUARDIAN</u>	<u>NAME</u>
<u>RELATIONSHIP TO CHILD</u>	<u>RELATIONSHIP TO CHILD</u>	<u>RELATIONSHIP TO CHILD</u>
<u>ADDRESS</u>	<u>ADDRESS</u>	<u>ADDRESS</u>
<u>PHONE NUMBER</u>	<u>PHONE NUMBER</u>	<u>PHONE NUMBER</u>
<u>NAME</u>	<u>NAME</u>	<u>NAME</u>
<u>RELATIONSHIP TO CHILD</u>	<u>RELATIONSHIP TO CHILD</u>	<u>RELATIONSHIP TO CHILD</u>
<u>ADDRESS</u>	<u>ADDRESS</u>	<u>ADDRESS</u>
<u>PHONE NUMBER</u>	<u>PHONE NUMBER</u>	<u>PHONE NUMBER</u>

Please give any pertinent information concerning the above:

Students will not be released to persons not listed on this form unless the office has heard from the parent giving permission for the child to be released.

Parent's Signature _____ Date _____

Heritage Baptist Christian School
A Ministry of Heritage Baptist Church

Consent for Medication

The staff of Heritage Baptist Christian School has permission to administer medication to my child for any minor medical symptoms that may occur during the school year.

Please circle which of the following medications can be administered to your child:

Fever Reducer/Pain Reliever
(i.e., Tylenol/Motrin)

Cough Suppressant/Decongestant
(i.e., Robitussin/Dimetapp)

Antacid Medicine
(i.e., Mylanta/Tums)

Antibiotic Ointment
(i.e., Neosporin)

Allergy Relief/Antihistamine
(i.e., Benadryl/Clariton)

Anti-Itch Lotion
(i.e., Caladryl)

Comments/Restrictions:

*Medication will be given per the recommended dosage based on the child's age.

*Prescription medications will only be dispersed with a note from parent.

Parent/Guardian Signature

Parent/Guardian Print Name

Student's Name

Date