

TEXAS CHRISTIAN ACADEMY

RELEASE FORM

School Year: _____

Student _____ Grade _____ Home Phone: _____

Address _____
Street City State Zip

I grant permission for our son/daughter to be transported to/from school sponsored activities, and we absolve Texas Christian Academy from liability due to injury during these trips. If emergency medical treatment is necessary and I cannot be reached, I hereby give permission to TCA to secure proper medical treatment. This may include, but not be limited to: hospitalization, surgery, ordering of injection, and anesthesia.

Parent/Guardian Signature

Emergency Contacts: (Please Print Clearly)

With whom does the student live: _____
Name Relationship

Number to call if child is absent: _____

Father/Guardian Name: _____ Mother/Guardian Name: _____

e-mail: _____ e-mail: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Father's Wr. #: _____ Mother's Wr. #: _____

Father's Cell #: _____ Mother's Cell #: _____

Church currently attending: _____ Church currently attending: _____

Please list local person to contact in an emergency if parents cannot be reached:

Name Relationship Hm # Cell# Wr.#

Name Relationship Hm # Cell# Wr.#

(over)

Medical Information:

List any medications taken on a regular basis (daily) and what they are for:

Medication	For
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Medication	For
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List any allergies (food, medicine, etc.)

Please give any addition information that a teacher or medical respondent should be aware of. Please include recent injuries or health problems (e.g. asthma, diabetes, migraines, etc.)

List who may pick up your child from school: (for elementary students)

Name	Relationship	Home #	Cell#	Work #
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