

TENNESSEE CHRISTIAN PREPARATORY SCHOOL

Emergency Medical Authorization Form

Students Name _____

Name of
Parent/Guardian _____

Address _____

Date of Birth ____/____/____

Home Phone _____ #2 _____

#3 Phone _____

If person named above is not available in the event of an emergency, notify:

Name _____ Relationship _____

Phone _____

Doctor's Name _____ Phone _____

In case of emergency, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization for my child (or for me, if an adult).

Signature of Parent/Guardian Date

Please answer all questions below:

Do you have any allergies - foods, medicines, insects, plants, etc. Yes No

If yes, explain: _____

List any medications that you are currently taking, and will be bringing to practice or on any trips: _____

_____ Please check if
any of the below medications may be dispensed to you:

Tylenol ____ Yes ____ No Advil ____ Yes ____ No Benadryl ____ Yes ____ No

Antacid ____ Yes ____ No Midol ____ Yes ____ No

Imodium ____ Yes ____ No Aspirin ____ Yes ____ No

Explain any other medical circumstances we should be aware of and how they should be handled if a family member or guardian cannot be contacted: _____
