



Kidz Zone

MEDICAL RELEASE FORM

Childs Name: _____

Social Security No.: _____

Family Physician Name: _____

Address: _____

Phone: _____

May Faith Christian Academy call another physician if unable to contact the name listed above?
yes _____ no _____

Health/Accident Information

Insurance Co.: _____

Phone #: _____ **Policy #:** _____

Authorization for Medical Administration:

I give FCA Kidz Zone permission to administer minor medication as needed to my child: i.e. Children's Liquid Tylenol, Tums, Ibuprofen etc...: _____

Waiver of Liability:

Should my child become ill during the time he/she is in the care of Faith Christian Academy or Kidz Zone, on the school grounds or on a field trip, or if my child should suffer an accident of any nature, Faith Christian Academy is fully authorized to secure such medical attention and care as may be necessary.

I will assume responsibility for payment.

Signed: _____ **Date:** _____