

FORT SCOTT CHRISTIAN HEIGHTS



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A completed Medical/Liability Release form is required for every student to participate in off-campus events. This form will be kept on file in the event of a medical emergency whether on or off campus. Your child's medical information will not be used for any other purpose. Complete form and submit at the time of enrollment. For accountability purposes, a separate Event Permission Form will be required for all off-campus events.

Emergency Information

Student's Name _____ Today's Date _____

Male Female Birth date _____

Address _____

Student's Cell _____

Father/Guardian's Name _____ Cell _____

Email _____ Work _____

Mother/Guardian's Name _____ Cell _____

Email _____ Work _____

Medication	Dosage	Time(s) Given	Reason

Student Name _____

All prescription medications must be sent in an original container from the pharmacy with the patient's name and current directions for taking the medications on the typewritten label. The non-prescriptive medications that will be available at events on an as-needed basis are Acetaminophen, Ibuprofen, Benadryl, Antibiotic Ointments, and Tums. If you would like your student to have any other non-prescriptive medication, please send it in the original container with your student's name on the container. It will be given according to the directions on the label.

Medical Information Continued

Allergies (Bees, Drugs, Foods, etc.) _____

Past Surgeries _____

Physician's Name _____ Phone Number _____

Preferred Hospital _____ Date of Last Tetanus _____

Insurance Company _____ Policy Number _____

PARENTS PERMIT

The following people are permitted to pick up my child(ren):

Name	Phone	Relationship

I hereby consent to let my child(ren), _____, to receive over-the-counter medication (such as Tylenol, Advil, or Benadryl) from the office as needed if parent(s) cannot be reached.

Signed _____ Date _____

I hereby consent to let pictures of my child(ren), _____, to be placed on the Fort Scott Christian Heights webpage/Facebook.

Signed _____ Date _____