

Capital Christian School

310 Sheep Davis Road
Concord, NH - 03301-5736 (603) 224-3641

2023-2024

Medical Consent

Last name

First name

Middle name

Medical Information

Allergies _____

Medication(s) currently taking _____

Date of last tetanus shot ____/____/____

Emergency Information

Please list any medical problems or any special instructions to be used in an emergency.

ICE - In Case of Emergency - Notify the following

Parent/Guardian #1 _____

Cell Phone (____) _____ - _____ Home Phone (____) _____ - _____

Work Phone (____) _____ - _____

Parent/Guardian #2 _____

Cell Phone (____) _____ - _____ Home Phone (____) _____ - _____

Work Phone (____) _____ - _____

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Physician's Name _____

Address _____

City _____ State _____ Zip Code _____

Office Phone (____) _____ - _____

Insurance Information

Insurance Co. name

ID # _____ Group # _____

Consent

Medical: I hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instruction of the above-named physician or any physician the school may call.

First Aid: I do hereby consent to reasonable and prudent first aid to be administered by school personnel to the said minor as circumstances merit.

Parent/Guardian Signature _____ Date _____