



Medical Release Form (2019-2020)
(one per student, new AND returning)

Student's full name		Full name of parent/guardian	
Student's Age	Student's Grade	Parent's Contact Number	
Home Address			
Name of student's primary care physician		Contact number of primary care physician	
Insurance provider for student	Insurance policy number	Name of primary card holder for ins.	
Is the student suffering from any chronic medical condition? If yes, specify.			
List all known allergies to food or medication.			
In case of emergency, please contact:			
(1) Name: _____ Telephone: _____			
(2) Name: _____ Telephone: _____			

In case of emergency, I authorize Paideia Classical Christian School's teachers and staff to seek medical help for my child.

Parent/guardian signature: _____ Date: _____