

**Medical Release and Waiver of Liability**

A new form is needed for each student each year. PLEASE PRINT.



[www.GreatOakAcademy.com](http://www.GreatOakAcademy.com)

My child, \_\_\_\_\_,  
has permission to participate in classes and field trips with  
Great Oak Academy this school term: 20\_\_ to 20\_\_.

I agree to indemnify and hold harmless Jay and Norma Street, Great Oak Enterprises, Inc., and/or any of their designees in the case that my child becomes sick or is injured.

Further, I give permission to seek emergency medical attention for my child in the event that it becomes necessary, and agree to be financially responsible for the cost of any treatment deemed required at the time.

Signed: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(Parent)

Numbers where you can be reached: Home: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Father's Work: \_\_\_\_\_ Mother's Work: \_\_\_\_\_

Name of insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_ Phone number: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

Child's age (as of today's date): \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Great Oak Academy will attempt to contact parents first. Two additional emergency contacts are:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

My child may be given the following Over-The-Counter medication(s).

Check  acceptable medications:

Acetaminophen (generic Tylenol)	<input type="checkbox"/> 1 - 2 caplets at 325 mg each	<input type="checkbox"/> 2 - 3 tsp. at 160 mg per tsp.
Ibuprophen (generic Advil)	<input type="checkbox"/> 1 caplet at 200 mg each	<input type="checkbox"/> 2 - 3 tsp. at 100 mg per tsp.
Children's Benadryl	<input type="checkbox"/> 2 - 4 tsp. at 12.5 mg per tsp.	

\* Other: \_\_\_\_\_

\* Send only this other over-the-counter medication specified above, in its original container in a zip lock bag with the student's name, date, and correct dosage, to be kept in the first aid box. **Replace annually.**

Any other pertinent information (medical conditions, symptoms to be aware of, suggested first aid treatment):

\_\_\_\_\_  
\_\_\_\_\_

**Please do *not* send your child to a class or field trip with a fever, upset stomach, headache, or bad cold.**