

GATEWAY CHRISTIAN SCHOOL

1900 N. Sycamore/P.O. Box 1642
Roswell, New Mexico 88201 (575) 622-9710
www.gatewaychristianschool.us

MEDICAL RELEASE

(This form stays with classroom teacher)

NAME OF CHILD _____ **AGE** _____

HOME ADDRESS _____ **PHONE** _____

GRADE ENTERING _____

I hereby consent to have my child participate in activities supervised by the teaching staff - away from school. I hereby authorize Gateway Christian School to call an ambulance in case of accident or acute illness, and to arrange for necessary emergency medical and surgical care, in case I am not immediately available. Any qualified physician called by Gateway Christian School may treat and do whatever is necessary for the health and well being of my child. It is understood that a conscientious effort will be made to notify parents before such action will be taken. I also agree to accept responsibility for the cost of the above medical services.

PHYSICIAN'S NAME _____ **PHONE** _____

MOTHER _____ **BUSINESS PHONE** _____
CELL PHONE _____

FATHER _____ **BUSINESS PHONE** _____
CELL PHONE _____

(Please fill both out):

RELATIVE OR FRIEND _____ **PHONE** _____

RELATIVE OR FRIEND _____ **PHONE** _____

Signature of Father or Mother

Date

MEDICAL INFORMATION:

Does the student have any physical conditions or allergies that the school should be aware of? __Y__N

If yes, please explain: _____

PLEASE NOTE THAT IF YOUR CHILD IS TAKING A PRESCRIPTION DRUG FOR A LONG PERIOD OF TIME (such as Ritalin etc.) THAT WILL NEED TO BE ADMINISTERED AT THE SCHOOL; THERE ARE SOME FORMS THAT MUST BE FILLED OUT GIVING PERMISSION FOR THE TEACHER TO GIVE THE MEDICATION. FORMS ARE AVAILABLE AT THE CENTRAL OFFICE.