



Nature Discovery Christian School

90980 River Road,
Junction City, OR 97448
541-689-3027
NatureDiscoveryChristianSchool.com

Medical Release 2018-2019

Student Legal Name: _____ Birth Date: _____

In the event of an emergency, I hereby give my permission to NDCS staff to obtain any medical treatment needed for my child at my expense.

In case of an emergency, I/we can be reached at the following numbers:

Parent Name: _____

Cell #: _____ Home #: _____ Work #: _____

Other Contact: _____

Cell #: _____ Home #: _____ Work #: _____

My Child's Physician: _____ Phone #: _____

My Child's Dentist: _____ Phone #: _____

Insurance Carrier: _____ Policy #: _____

Primary Insured: _____ Group/Plan ID#: _____

List any helpful medical information about your child including any known allergies:

Food Allergy: _____ Other Allergy: _____

Diet Restrictions _____

Asthma? YES NO Daily Medication _____

Permission to give Acetaminophen as needed YES ___ NO ___ CALL FIRST _____

Parent/Guardian Signature: _____ Date _____

General Field Trip Permission Form

Throughout the school year your child will be taking various field trips as a class. This is a general release for your child to attend school field trips. More detailed information will be sent home for each field trip from your child's teacher.

I hereby give permission for my child to attend all field trips this 2018-2019 school year.

Parent/Guardian Signature: _____ Date _____