

2018-2019 Medical Release

Medical Information | Important! Please complete one form for each child

Due to our privacy policy, the information below must be filed in a separate location. Please complete and sign one form for each child.

Child's Name _____

Parent Name _____

Specific health concerns: Allergies Yes No If yes, please specify? _____

Are there any other medical conditions of which CHC should be aware? _____

Are there any accommodations that need to be made for any of the above conditions? Yes No If Yes, please specify: _____

Are there medications needed during the school day for any of these conditions? Yes No

If Yes, please complete the proper forms found on the Cherry Hill Christian website: CherryHillsChristian.org/parents/forms

Releases and Signatures

Permission to Treat

Authorization for emergency medical care and transportation:

In the event of an emergency I hereby give my permission for child care staff to access emergency medical services for my child, including transport to the nearest health care facility, to receive emergency medical or surgical care and treatment. It is understood that a conscientious effort will be made to locate me, and I accept the expense of care and transport.

My signature below releases all Cherry Hills Christian Enrollment Coordinators to both view and process all information about my student, including confidential information such as medical information, immunization records, health status forms and official education transcripts, upon which time such information will then be filed according to policy.

My signature below also communicates my understanding that the confidentiality of any and all information transmitted by facsimile may be compromised.

Acetaminophen Release for ELEMENTARY SCHOOL and MIDDLE SCHOOL students ONLY

I request and give permission to CHC to provide acetaminophen (Tylenol or generic equivalent) to my student for the following health problems: headache, toothache, dysmenorrhea (cramps), musculo-skeletal pain, and fever over 100 F. I acknowledge that the provision of this medication by designated school personnel is an accommodation performed solely upon my request. In consideration of the acceptance of this request, I release and waive any and all claims, which I have now or may hereafter have against CHC/CHCC and its employees arising out of the provision or failure to provide the medication to the student or any adverse reaction by the student to the medication.

Yes No

Parent or Legal Guardian Signature _____

Date _____



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WEB www.CherryHillsChristian.org

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