



Acacia Academy
 6425 S. Willow Springs Rd.
 La Grange Highlands, IL 60525
 Phone 708.579.9040 Fax 708.579.5872
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2009-2010 MEDICAL RELEASE FORM

I hereby give permission to Acacia Academy to take my child to the nearest hospital and or clinic. I also give permission to the doctors at the medical facility to treat my child as necessary in an emergency when I am not available.

Sign _____ Date _____
 Parent or Guardian

STUDENT'S NAME _____ BIRTH DATE _____
First Name Last Name

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

1. PARENT/GUARDIAN _____ HOME PHONE _____
 WORK PHONE _____ CELL PHONE _____

2. PARENT/GUARDIAN _____ HOME PHONE _____
 WORK PHONE _____ CELL PHONE _____

STUDENT'S DOCTOR _____ PHONE _____

CHECK ALL PRE-EXISTING CONDITIONS THAT APPLY:

- | | | | |
|-------------------|-------|-----------------|-------|
| Diabetes | _____ | Scarlet Fever | _____ |
| Allergy | _____ | Pneumonia | _____ |
| Bleeding Problem | _____ | Hepatitis | _____ |
| Heart Problem | _____ | Rheumatic Fever | _____ |
| Congenital Abnor. | _____ | Whooping Cough | _____ |
| Hearing Loss | _____ | Chickenpox | _____ |
| Blindness | _____ | Convulsions | _____ |
| Deafness | _____ | Unconsciousness | _____ |
| High Fevers | _____ | Fainting Spells | _____ |
| Encephalitis | _____ | Other | _____ |
| Meningitis | _____ | | _____ |
| Measles | _____ | | _____ |
| Polio | _____ | | _____ |

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 Permission is is not given for my son/daughter to receive Ibuprofen for pain as needed. A staff member will administer the medication and the school will keep a log and give notice to the parent/guardian, if frequent use occurs.

The student is is not authorized to self-administer non-prescription medication under adult supervision.

Permission is is not given for the staff to apply standard first aid procedure:

- A. Apply cold compresses for bruises or bumps
- B. Use soap and water cleansing for scratches, cuts, and splinters
- C. Apply pressure to sides of nose for nose bleeds

Parent/Guardian Signature _____ Date _____