



Acacia Academy

6425 S. Willow Springs Rd.
LaGrange Highlands, IL 60525
Phone 708.579.9040 Fax 708.579.5872
Email info@acaciaacademy.com

Version 1 MEDICAL RELEASE FORM

I hereby give permission to Acacia Academy to administer first aid until trained medical assistance arrives on site. 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 _____ GRADE _____
First Name Last Name

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

1. PARENT/GUARDIAN _____ HOME PHONE _____

WORK # _____ CELL # _____ EMAIL _____

2. PARENT/GUARDIAN _____ HOME PHONE _____

WORK # _____ CELL # _____ EMAIL _____

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	_____	Polio	_____
Meningitis	_____	Other _____	_____
Measles	_____		_____

CIRCLE ONE

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; B. Cleansing with soap and water; C. Apply pressure to sides of nose for nose bleeds.

Permission is is not given to provide care in the event of a life threatening situation until professional medical help arrives, including CPR.

Parent/Guardian Signature _____ Date _____