

Great Bridge Christian Academy (GBCA)

Medical Release Non-Consent Form 2018-2019

I hereby acknowledge that I have read and understand the Parental Responsibilities as listed in the student handbook. I release GBCA and its employees from any claims of liability connected with the medical health of my child while attending GBCA or GBCA related events. I understand that the employees of GBCA will make every effort to contact a parent/guardian or the emergency contact in the event of an illness or injury but will make no effort to treat or provide those medical services as listed below.

I do not give consent to treat or administer any of the following listed medications or medical services:

All medical services that are not specifically listed above are allowed to be administered by GBCA and its employees.

Child's Name: _____ Grade: _____

Parent's Name (Print): _____

Signature: _____ Date: _____

Nurses Signature: _____ Date: _____

THIS FORM IS ONLY VALID FOR THE CURRENT SCHOOL YEAR OF THE STUDENT.