

NEW CREATION CHRISTIAN ACADEMY MEDICAL RELEASE FORM

Participant's Name: _____

Address/City/Zip: _____

Home Phone: _____ Cell Phone: _____

DOES THE STUDENT HAVE ANY MEDICAL CONDITIONS THAT WOULD PROHIBIT FULL PARTICIPATION IN THE COURSES OR ATHLETIC PROGRAM THAT THE STUDENT IS ENROLLED IN? _____ IF YES, EXPLAIN: _____

Name, Address and Phone Number of Student's Physician:

Insurance Information

Insurance Provider _____ Member's name _____

Policy Number _____ Group Number _____ Insurance Contact Phone number _____

The information provided by me in this release form is, to the best of my knowledge, accurate and true. As indicated by my signature below, I authorize NCCA personnel to consent to any emergency treatment of my minor child,

_____, which shall in my absence be deemed necessary. This shall include examination, anesthesia, medical diagnosis, surgery or treatment and/or hospital care of the minor child under the general or special supervision and upon the advice of a physician or surgeon licensed to practice medicine in the United States of America. I acknowledge that I will be responsible for any cost incurred by this treatment. I understand that New Creation Christian Academy does not provide health insurance to participants. This authorization shall be valid during the _____ school year only.

Signature of parent/guardian

Date

The above signature was performed in my presence.

Notary Public

County of _____ My commission expires _____