

Victory Baptist Academy

Parent/Guardian Authorization

To Consent to Health Care for Minor Health Care Needs

I, _____, am the custodial parent having legal custody of _____ a minor child, age _____ born _____, 19/20 _____.

I authorize Victory Baptist Academy to give my child: aspirin, cough syrup, Tylenol, Pepto-Bismol or Benadryl if needed.

Please list anything that your child is allergic to or cannot have: _____

Please list any medication that your child is presently taking: _____

In consideration of my child being able to attend Victory Baptist Academy, I do hereby agree to hold Victory Baptist Academy and their employees harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child, even injury resulting in death, which I now have or which may arise in the future in connection with any medical treatment deemed necessary and authorized by the terms of this agreement.

Please list emergency telephone numbers

Father _____

Mother _____

Others _____

Signature of both parents preferred, one will be accepted:

Father _____ Mother _____