

School Year – 2013-14

**ABILENE CHRISTIAN SCHOOLS  
MEDICAL/LIABILITY FORM (Updated July 2013)**

Student's Name \_\_\_\_\_  
Last First Middle

Student's social security number \_\_\_\_\_ Birthdate \_\_\_\_\_

Student's address \_\_\_\_\_

Father's Name \_\_\_\_\_ Place of employment \_\_\_\_\_

Father's home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Place of employment \_\_\_\_\_

Mother's home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

List all health problems for this student: \_\_\_\_\_

List all allergies for this student: \_\_\_\_\_

Will this student need prescription or over the counter medications during the school year? \_\_\_\_\_

If so, please list: \_\_\_\_\_

Emergency Information:

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

The undersigned parent or guardian acknowledges that participation in athletic events and field trips is voluntary and agrees to waive and release any and all rights and claims for damages against Abilene Christian Schools, and all employees and members of same, for any claim arising out of any injury to my child. I assume all risks and hazards incidental to such participation. By signing this contract, the parent consents to such participation and also verifies that adequate medical insurance is in effect during this period. In the event of AN EMERGENCY AND I CANNOT BE REACHED, I GIVE PERMISSION FOR AUTHORITIES OF ACS TO SEEK IMMEDIATE MEDICAL ATTENTION FOR MY CHILD.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date