



MRCA STUDENT MEDICAL INFORMATION/WAIVER

To Be Completed Each Year

STUDENT'S NAME LAST _____ FIRST _____ MIDDLE _____
 Goes by _____ Birthdate _____ Age _____ Weight _____
 Homebase Teacher _____ Grade _____ School Year _____
 Mother/Legal Guardian _____ Cell _____
 Father/Legal Guardian _____ Cell _____
 Physician _____ Phone Number _____
 Emergency contact if unable to reach parents _____
 Relationship _____ Cell _____
 For medical needs, indicate who to contact first (please circle): **mom** **dad** **other** _____

I give MRCA permission to administer the following non-prescription medications as needed during the school day, sport activities, and field trips. (please circle all that apply)

Acetaminophen Ibuprofen Diphenhydramine (generic Benadryl) After Bite
 Hydrocortisone cream Diphenhydramine Cream/Spray Antibiotic Ointment

Any additional non-prescription medication to be given at school requires an Authorization for Nonprescription Medication at School form to be completed by the parent/legal guardian. Prescription Medications to be given at school require an Authorization for Prescription Medication at School form to be completed by a Licensed Health Care Professional. Forms may be found on the MRCA website or at the main reception desk. **All medications must be hand delivered by an adult to the school nurse or main receptionist if the nurse is not available.**

If your child takes medication at home regularly, please list the medication and time medication is taken:

List any medical and/or physical conditions your child has (e.g. ADD, ADHD, asthma, seizures, diabetes):

Parents of students requiring ongoing medical care(e.g. seizures) will provide a completed **Mitchell Road Christian Academy Medical Action Plan** detailing specialized care needed for their child during school. Diabetic Care requires a **Diabetic Medical Management Plan(DMMP)** completed by a physician. We waive and release Mitchell Road Christian Academy from any liability in regards to handling medical care at school as long as the agreed upon protocol has been followed.

List any life threatening allergies: _____
 List any NON-life threatening allergies: _____

Parents of students with life threatening allergies will provide MRCA with a completed **Mitchell Road Christian Academy Allergy Action Plan, the Life Threatening Allergy Parent Agreement** page with required number of EpiPens and antihistamine stated on the Life Threatening Allergy Parent Agreement page.

We agree that if any information about my student changes, including medical history, medication information, and/or serious illnesses, we will notify MRCA in writing or email immediately of such change. MRCA will not be held liable if circumstances occur as a result of parent/guardian not updating medical information.

In case of an accident, allergies, or serious illness, we request the school to contact one of us, but also waive and release Mitchell Road Christian Academy from all liability in regards to these circumstances. If Mitchell Road Christian Academy is unable to contact one of us or the provided emergency contact when circumstances indicate immediate action is required, MRCA may make whatever arrangements are required in its best judgment.

Signature of Father/Legal Guardian _____ Date _____

Signature of Mother/Legal Guardian _____ Date _____