



# Fairhaven Christian Academy

Strengthening the Future Through Christian Education  
P.O. Box 4246, Sunland, CA 91041 818-434-7533  
www.fairhavenca.com

## Medical Release Form

I, \_\_\_\_\_ (parent/guardian's name) hereby give permission for any and all medical attention to be administered to my child \_\_\_\_\_ (child's name) in the event of accident, injury, sickness, etc. under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment.

In my absence, the following person(s) is designated to act on my behalf:

Name: \_\_\_\_\_

Relationship to parent: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to parent: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone: \_\_\_\_\_

\*It is advisable to attach a copy of your policy card (front and back).

PHYSICIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

Known Allergies or Health Problems: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Signature (Parent/Guardian) \_\_\_\_\_ Date: \_\_\_\_\_