

Medical Release

South Jersey Christian Academy

Every reasonable caution is exercised for the care of your child, but there is always the possibility of accidents or illness where medical care is required immediately. We will make every effort to contact you, but in the event we can not do so, we are requesting your permission to secure immediate medical help. We therefore, ask you to sign the following permission statement.

For your child's protection, please have this form returned ***no later than his/her first day of school.***

I, _____ grant permission to the staff
of South Jersey Christian Academy to secure immediate medical assistance for
_____ in the event of accident or
illness.

Signature: _____

Print Name: _____

Relationship: _____

Date: _____