



DOMINION

ACADEMY OF DAYTON

Student Health/Medical Record

To be filled out annually by parent or guardian. Please print in ink. Date _____

Student name _____ Date of Birth _____ Sex _____

Parent(s)/Guardian(s) _____

Home Address _____ City, State, Zip _____

Home Phone: _____

Father's/Guardian's work # _____ Father's/Guardian's cell _____

Mother's/Guardian's work # _____ Mother's/Guardian's cell _____

Father's email: _____ Mother's email: _____

If persons named above are not available in the event of an emergency, notify:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name of personal physician _____ Phone _____

Hospital preference _____

Please include instructions about special medical needs, food allergies, current medications child is taking:

Personal health/accident insurance carrier: _____

Policy No. _____ Group No. _____

A copy of my insurance card is attached. (Required, if applicable)

Date of last tetanus immunization _____

In case of an emergency, I understand every effort will be made to contact me (my spouse or emergency contacts). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by a school official in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Signature of parent/guardian _____ Date _____

Activity and
Athletic Waiver

I, the undersigned, certify that I am the parent or legal guardian of _____ (hereafter the “minor child”).

I hereby give my consent to have my minor child participate in any formal activity or athletic program (hereafter “the activity”) sponsored by **Dominion Academy of Dayton and Christ the King Anglican Church** during the current school year.

I recognize that there are risks involved in participating in this activity/athletic program and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in this activity/athletic program.

To the fullest extent permitted by law, I release **Dominion Academy of Dayton and Christ the King Anglican Church**, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity/athletic program and agree to save and hold harmless **Dominion Academy of Dayton and Christ the King Anglican Church**, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child’s participation in the activity/athletic program.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader/coach to make the decisions necessary for treatment. Should there be no activity leader/coach available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

Executed this _____ day of _____, 20_____.

Signature of Parent/Guardian _____

Printed Name: _____

Witness: _____

Witness: _____