

Victory Christian Academy
618 West Ripa Ave.
St. Louis, MO 63125
www.VCAcademy.org

Medical Release Form

1. I, the undersigned, legal guardian of _____, a minor, do hereby authorize, as agent(s), the adult supervisor of Victory Christian Academy, 618 West Ripa Avenue, St. Louis, MO, 63125, to consent to any diagnosis or treatment, and hospital care, which may be required, if we are unable to make contact with the above named guardian.
2. It is understood that this authorization is given in advance of any specific care being required, but it is given to provide authority to give care, which a physician may, in the exercise of his / her best judgment, deem advisable.
3. I hereby authorize any hospital, which has provided treatment to the above named minor to surrender physical custody of such a minor to my above named agent upon completion of treatment.
4. I hereby release Victory Christian Academy and any other parties from liability in case of an accident.
5. These authorizations shall remain effective until revoked in writing, delivered to said agent.

Signature: _____ Date: _____

Student Information

Name _____ Address _____
City / State _____ Zip _____ Phone _____
Age _____ Male / Female (circle one)

Student Medical Information

List any medications, allergies, special conditions or health problems, etc.:

Parent / Legal Guardian Information

Relationship to student: Parent Legal Guardian Legal Custody
Name _____ Address _____
City / State _____ Zip _____ Phone _____
Medical Insurance Carrier _____
ID # _____
Family Physician _____ Phone _____