

American Cooperative School
Medical Release & Parental Consent Form for All School-Related Activities

In order to enable ACS to provide prompt care to your child, please read and complete form. This will enable us to help your child without delay in the event of an emergency.

Name of student: _____

Birth date: _____ Age: _____ Grade: _____

Name of Parent/Guardian: _____

Medical Information

Allergic Reactions: Yes _____ No _____

If Yes, please describe _____
_____ (drugs, food, asthma, etc.)

Taking Medications: Yes _____ No _____

If Yes, please describe _____

Please describe any illnesses, accidents or hospitalizations _____

Emergency Contacts

Name of parent or guardian: _____

Phone(H): _____ Phone(W): _____ Phone(mobile): _____

Other Emergency No. (List person/# to contact) _____

Family Doctor in La Paz: _____ Phone: _____

I hereby give permission for the staff of ACS to seek appropriate medical attention for the student, and for medical attention to be given in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment.

My child has permission to participate in all ACS school-related activities.

Signature of Parent /Guardian: _____ Date: _____