

**EMERGENCY MEDICAL AUTHORIZATION  
MIDDLETOWN CHRISTIAN SCHOOLS**

*This form is to be completed annually by parent/guardian ONLY. Please notify school of any changes in this information throughout the school year. This Emergency Medical Authorization, required by State Law, must be on file for each student prior to school attendance.*

Student's Name	Birthdate	Home Telephone	Grade/Teacher
Address	City	School District	Social Security Number

Full name of all children in school building:

1.	Name	Grade	3.	Name	Grade
2.	Name	Grade	4.	Name	Grade

**PART I OR II MUST BE COMPLETED (PART I TO GRANT CONSENT)**

Father/Guardian	Email Address	Work Number/Ext.	Cell Number
Mother/Guardian	Email Address	Work Number/Ext.	Cell Number

If contacting me has been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by Dr. \_\_\_\_\_ at ( ) or Dr. \_\_\_\_\_ at ( )  
 (Preferred physician) (Preferred dentist)  
 or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to \_\_\_\_\_ at ( ) or any hospital reasonably accessible.  
 (Preferred hospital)

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. In case of emergency, my child may be transported by Emergency Medical Services to a hospital and provided treatment, and I am responsible for charges related to the transportation and medical treatment.

**CHILD PICK-UP/EMERGENCIES:** IN THE EVENT THAT I CANNOT BE REACHED I AGREE THAT THE SCHOOL MAY RELEASE MY CHILD TO THE FOLLOWING PEOPLE AND PROVIDE PERTINENT INFORMATION RELATED TO THIS RELEASE.

**PLEASE LIST NAMES EXACTLY AS THEY APPEAR ON DRIVER'S LICENSE.**

1. Name	Relationship	Ph. #( )
2. Name	Relationship	Ph. #( )
3. Name	Relationship	Ph. #( )
4. Name	Relationship	Ph. #( )
5. Name	Relationship	Ph. #( )

Medical History

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Past Surgeries: \_\_\_\_\_

Chronic medical conditions: \_\_\_\_\_

Emergency medication prescribed: \_\_\_\_\_

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

**DO NOT COMPLETE PART II IF YOU COMPLETED PART I  
PART II REFUSAL TO CONSENT**

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to: \_\_\_\_\_

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

Submit

## I. Permissions and Waivers

- A. In signing this Parental Commitment Form, we give permission for our child to take part in all school activities, including sports events, practices and school-sponsored trips away from the school premises. Further, in event my child becomes ill or injured while under school supervision, we authorize the school authorities to take the following steps: a) contact a parent of the student and follow his instructions; b) in the event neither parent can be reached, contact the student's physician and follow his instructions; c) if the student's physician cannot be reached, to contact, in their own discretion, a licensed practicing physician and to follow his instructions.
- B. We release Grace Baptist Church/Middletown Christian Schools, its Board of Trustees, School Board, employees, agents and representatives from any claim we may have resulting from any illness or injuries sustained by our child while under school supervision whether at school or away from school premises. We further agree to hold harmless Grace Baptist Church/Middletown Christian Schools, its Trustees, School Board, employees, agents and representatives from any injury or damage which may be caused by our child.

## II. Statement of Cooperation

- A. Our commitment to participate in the Christian education of our son or daughter by exemplifying Christian principles of life in our home.
- B. Our commitment to the Statement of Faith of Middletown Christian Schools and our agreement with the school's efforts to train our child in the Bible and will encourage our child in this and in all other phases of the curriculum.
- C. Our commitment to honor the policies of Middletown Christian Schools as stated in this document and in the school Handbook.
- D. Our commitment to attend all parent meetings and to lend our support to the program.
- E. Our commitment to invest authority in the agents of the school to make and enforce school regulations and policies and to discipline our child as necessary.
- F. The staff desires a harmonious relationship with parents. If parents have a question about a school policy or an event that involves their child, they are to notify their child's teacher. An effort will be made to resolve any differences and maintain excellent communication between parents and ministry staff. Parental support is an essential part of the educational process. If, in the sole discretion of the administration, a parent has failed to support the Administrator or ministry staff, or the standards articulated in the Middletown Christian or Grace Baptist Church statement of faith/handbook (including social media), the administration reserves the right to deny the student continued enrollment in the school. (Matthew 18:15-17; Galatians 6:1-2).
- G. Our agreement that should any legal action, for any reason, be taken against Grace Baptist Church/Middletown Christian Schools, any employee or agent thereof on my child's behalf, and the church/school or its agent not be found at fault, to pay any attorney fees, damages or other costs that Grace Baptist Church/Middletown Christian Schools should incur to defend itself against such action.
- H. Our agreement with the MCS policy on Human Sexuality which is: We believe that God has commanded that no intimate sexual activity be engaged in outside of a marriage between one naturally-born man and one naturally-born woman. We believe that any form of homosexuality, lesbianism, bisexuality, bestiality, incest, fornication, adultery, and pornography are sinful perversions of God's gift of sex. We believe that God disapproves of and forbids any attempt to alter one's gender by surgery or appearance. (Gen. 2:24; Gen. 19:5, 13; Gen. 26:8-9; Lev. 18:1-30; Rom. 1: 26-29; 1 Cor. 5:1; 6:9; 1 Thess. 4:1-8; Heb. 13:4) We believe that the only Scriptural marriage is the joining of one naturally-born man and one naturally-born woman for life. (Gen. 2:24; Rom. 7:2; 1 Cor. 7:10; Eph. 5:22-23)
- I. Our understanding that our child's attendance at Middletown Christian School is a privilege and not a right; and that if at any time his/her conduct, academic progress or cooperation with the school's authorities is not in keeping with the school's requirements, the school reserves the right to terminate, at its discretion, my child's enrollment.
- J. Our agreement that if the student is voluntarily withdrawn or is requested to withdraw by the school, no refund of fees will be made and tuition will be prorated.
- K. Our agreement that if the student is voluntarily withdrawn or is requested to withdraw by the school, no refund of fees will be made, tuition will be prorated, and we will also be assessed a per student withdraw fee.
- L. Our agreement that report cards, permanent records, and transcripts will be withheld for non-payment of tuition and fees.

\* The security of your personal information is important to this ministry. We do not share your personal information with any 3rd party vendors. Your personal information will only be used by our ministries to communicate with you about the ministry, your child or children, and upcoming events. If you have any questions about this policy, please contact us.

I have carefully read the Permissions and Waivers and Statement of Cooperation and agree to abide by them. Signature of **both** parents and **sole** guardian required.

\_\_\_\_\_  
Signature of Father/Sole Guardian

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Date