



NCAA

Nashville Christian Advancement Academy

Emergency Form

STUDENT NAME: _____ GRADE: _____

Additional emergency pickup information:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Health issues and medication:

Prescribed medication: _____

(A student who is taking a doctor-prescribed medication during school hours is to bring the medication in a labeled container, along with written directions, to the appropriate academic office. The student will be required to report to the academic office to take the medication at the prescribed time.)

Other medications: _____

(Students will not be given aspirin, acetaminophen, or other medicines by academy personnel unless provided by parents or guardians with specific written authorization.)

Health issues: _____

(The academy does not have sufficient staff or facilities to allow sick students to remain at school. If a student's illness or injury necessitates that he or she misses more than one class period, parents or guardians will be notified to pick up the student.)

- I give permission for the person(s) listed above to pick-up my child from school.
- I understand that it is my responsibility to notify the school office should information change.
- I give my permission to the staff of Nashville Christian Advancement Academy to give my child _____ above medication.
- I will hold harmless both the staff and Nashville Christian Advancement Academy for any adverse effect the medication may have on my child.

Parent Signature: _____

Date: _____