



**Medical Information/Release Form**  
**2025-2026**

**Student Information:**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Cell : \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell: \_\_\_\_\_

**Health Information:**

In order to serve your student the best way possible in the event of an emergency, we need to collect certain medical information. You are offering this information voluntarily, and the information you disclose will be kept confidential.

Medical Provider \_\_\_\_\_

List any medical conditions your child has. \_\_\_\_\_

\_\_\_\_\_

List any medications your child is taking. \_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

\_\_\_\_\_

**Insurance Information**

Insurance Provider: \_\_\_\_\_

Insurance Member ID: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone #: \_\_\_\_\_



### OTC Medications:

Raising Arrows Academy keeps OTC pain relievers and a first aid kit in the building. Please initial by each medication you give Raising Arrows Academy leadership permission to dispense to your child in the event they ask for it. Your child will not be given any medication without your consent.

Ibuprofen: 1 tablet 200mg \_\_\_\_\_

Tylenol: 2 tablets 325mg \_\_\_\_\_

Ricola Cough Drops \_\_\_\_\_

Band-aids \_\_\_\_\_

Antibacterial Ointment \_\_\_\_\_

### Medical Release

In the event of accident, injury, illness, or the like that requires emergency medical intervention I, \_\_\_\_\_, hereby give permission for my child, \_\_\_\_\_, to be cared for by Raising Arrows Academy leadership. I give permission for Raising Arrows Academy leadership to contact ambulatory services on my child's behalf in the event an emergency contact can not be reached or if Raising Arrows Academy leadership deems the situation requires immediate, emergency assistance.

I, \_\_\_\_\_, assume full responsibility for any Accidental/Medical Insurance needed to cover my child, \_\_\_\_\_, in the case of accident, injury, illness, or the like, while my child is attending Raising Arrows Academy. I will not hold Raising Arrows Co-Op, Academy or Ashland Church responsible in any manner for any and all incurred costs needed to cover my child's accident, injury, illness, or the like.