



# Atlantic Shores

Christian School

## Medical Release Non-Consent Form

I hereby acknowledge that I have read and understand the Parental Responsibilities as listed in the student handbook. I release Atlantic Shores Christian School (ASCS) and its employees from any claims of liability connected with the medical health of my child while attending ASCS.

I understand that the employees of ASCS will make every effort to contact a parent/guardian or emergency contact in the event of an illness or injury, but will make no effort to treat or provide those medical services listed below.

I do not give my consent to treat or administer any of the following listed medicines or medical services:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All medical services not specifically listed above are allowed to be administered by ASCS.

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

ASCS Witness: \_\_\_\_\_

Date: \_\_\_\_\_

This form is only valid for the current school year of student.