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## CONSENT FORMS RELATED TO ANAPHYLAXIS

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### Information Release Consent Form

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

- I grant consent to Thunder Bay Christian School to post allergy alert forms (including child(ren)'s picture) in the staff room and office.
- I do not grant consent to Thunder Bay Christian School to post allergy alert forms (including child(ren)'s picture) in the staff room and office.

Parent(s) signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Medical Release Consent Form

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

In case of emergency:

- I grant consent to Thunder Bay Christian School personnel to administer medication as supplied by the parent(s) for my minor child/children.

Parent(s) signature: \_\_\_\_\_ Date: \_\_\_\_\_

Our family doctor is: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Medication supplied is: \_\_\_\_\_

Specific Instructions for administration of medication:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact me immediately at: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Alternative contact name and number: \_\_\_\_\_