

COCOA ADVENTIST CHRISTIAN SCHOOL
1500 Cox Road Cocoa, FL 32926
Medical Consent Form 2025-2026



Student Information

- **Student Name:** _____
 - **Date of Birth:** _____
 - **Grade Level:** _____
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Parent/Guardian Information

- **Parent/Guardian Name(s):** _____
 - **Primary Phone Number:** _____
 - **Secondary Phone Number:** _____
 - **Email Address:** _____
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Emergency Contact Information

- **Emergency Contact Name:** _____
 - **Relationship to Student:** _____
 - **Phone Number:** _____
 - **Alternate Phone Number:** _____
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Medical Information

- **Physician Name:** _____
- **Physician Phone Number:** _____
- **Insurance Provider:** _____
- **Policy Number:** _____
- **Known Allergies:** _____ (e.g., food, medication, environmental)

- **Medical Conditions/Chronic Illnesses:** _____
 - **Medications Taken Regularly:** _____
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Consent for Medical Treatment

I, the undersigned parent/guardian of [_____], hereby grant permission for the faculty, staff, and administration of Cocoa Adventist Christian School to act on my behalf in the event that my child requires medical attention during the school year (2025-2026).

I authorize the school to:

- Administer basic first aid for minor injuries or illnesses.
 - Contact emergency medical services (EMS) if necessary.
 - Transport my child to the nearest medical facility as/ if urgent care is required.
 - Allow qualified medical personnel to perform necessary medical procedures, tests, or treatments as deemed essential for my child’s health and well-being.
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Consent for Medication Administration

Over-the-Counter Medications: I authorize the school to administer the following medications to my child if necessary (please check all that apply):

- Acetaminophen (Tylenol) headache/body ache/tooth ache/fever
- Ibuprofen (Advil, Motrin) for mild headache and/or body aches/fever
- Antihistamine (Benadryl)
- Cough Drops
- Antacids (Tums) for upset stomach
- Creams sprays for itches/rashes
- Other: _____

Prescription Medications: I understand that any prescription medications must be provided to CACS in their original container with a completed **Medication Authorization Form** signed by my child’s physician and filed in the office. Only approved medications may be in student’s possession only after being given approval from CACS staff.

Release of Liability

I understand that Cocoa Adventist Christian School and its staff are not responsible for any unforeseen medical complications or outcomes. I agree to hold the school harmless from any claims resulting from actions taken in good faith for the care of my child.

Acknowledgment and Signature

By signing below, I affirm that I have provided accurate and up-to-date medical information for my child and agree to the terms outlined in this form.

- **Parent/Guardian Signature:** _____
 - **Date:** _____
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Cocoa Adventist Christian School Contact Information

- Address: 1500 Cox Road Cocoa, Fl 32926
- Phone: 321-636-2551
- Email: cocoaadventist@gmail.com

Cocoa Adventist Christian School is an educational institution that integrates faith-based learning with a robust academic curriculum. Located in Cocoa, Florida, it offers a nurturing environment where students from kindergarten through eighth grade can grow intellectually, spiritually, and socially. The school emphasizes the development of strong moral values and life skills grounded in Christian teachings, while also fostering a love for learning across a range of subjects, including science, mathematics, and the arts. With a dedicated team of educators, Cocoa Adventist Christian School strives to create a supportive community that encourages students to reach their full potential, preparing them for future academic success and a life of service and integrity.