



Mountaintop

CHRISTIAN ACADEMY

STUDENT CARE PLAN

For ongoing medical conditions

This form is valid for the (current) _____/_____ school year only.*

*Should there be any changes with the student's condition, resulting in a need for changes to this plan, a conference will be held immediately with the School Director at MCA and a new form will be completed.

Student: _____ DOB: _____ Grade: _____

Condition for which plan is being detailed: _____

Symptoms that indicate need to follow plan of action: _____

PLAN OF ACTION:

1. _____
2. _____
3. _____
4. _____
5. _____

Parent/Guardian Authorization

I have met with the School Director of Mountaintop Christian Academy and have detailed this Care Plan. I certify that I have legal authority to consent to this plan for the student named above. I authorize the School Director and/or staff at MCA to take the above action(s) to care for the student named above. I understand that the step(s) in this plan may be put into action by someone without medical training and expertise. I do hereby release, forever discharge and agree to hold harmless Mountaintop Christian Academy and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death. I hereby assume all risk of personal injury, sickness or death as the result of following this Care Plan.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____ Telephone: _____

EMERGENCY CONTACT (if parent/guardian above is unreachable)

1. First Name: _____ Last Name: _____

Relationship to Student: _____

Cell: _____ Work: _____ Other: _____

For Office Use Only

Copies: Student File Classroom Teacher Extra Curricular Director