



2020-2021
Central Arkansas Christian
Medical Consent Form

CAC and its staff have permission to administer first aid to the student(s) named on this form as necessary. In the event of an emergency, and I cannot be reached, I give my permission to the staff of CAC to obtain whatever care is necessary for the health and well-being of my child. I agree to carry medical insurance.

It is not the responsibility of CAC to provide such coverage. I further understand that my child(ren) must have a physical exam and certain immunizations in accordance with state requirements.

****This document is for viewing purposes only. To sign, please complete the form via your ParentsWeb account.***