

Metrolina Christian Academy Medical Accommodation/Release Form



METROLINA
CHRISTIAN ACADEMY
ESTABLISHED 1992

Date of Development: _____

Student: _____

DOB: _____

Grade: _____

Medical diagnosis and limitations:

Student's Health Care Provider:

Name

Phone Number

Signature

Date

Doctor provided Medical Action Plan attached

EMERGENCY CONTACTS:

Parent's/Guardian's Name

Home Phone Number

Work Phone Number

Cell Phone Number

Other

Home Phone Number

Work Phone Number

Cell Phone Number

Agreement:

Metrolina Christian Academy recognizes that students may have health challenges such as severe allergies, chronic illnesses, and other physical limitations. With this in mind, MCA will do all it can do to provide reasonable accommodations. However, Metrolina Christian operates as a shared facility with First Baptist Church Indian Trail, therefore parents must understand the limitations for a multi-purpose facility. MCA issues a statement of release of liability for the school, its employees, and volunteers. The well-being of our students, families, volunteers, and staff is of utmost importance to Metrolina Christian Academy and we are committed to providing a secure learning environment for your children. While we will follow reasonable protocols to offer a safe and healthy school setting, there is no guarantee of a germ or virus-free environment. This release acknowledges the partnership with parents to educate teachers, students, and other parents of student medical diagnosis with an understanding that MCA cannot assume responsibility for illnesses and shall have no liability for the death or bodily injury arising from the student suffering a reaction/symptom to said medical issue, including COVID-19, while attending MCA. In the event that my/our child suffers a serious allergy attack, diabetic reaction, or illness while in the care or custody of MCA, I/we authorize the MCA to administer medication orally or through the use of an injection, Epi-Pen or such other method as I/we have made available to the School or to take such other action, including calling 911, as is reasonably necessary to remedy or abate the situation. I/we waive the right to any suit or complaint, claim, charge, demand or damages against MCA and/or any employee, teacher, staff member, arising from the efforts to abate or remedy an allergic reaction, diabetic reaction, or emergency related to my/our child's health condition.

Parent's/Guardian's Name

Date

Parent's/Guardian's Name

Date

Educational Accommodations (if applicable). This section is completed by MCA staff only.

Preferential Seating Extended Time on standardized tests (1.5) Student Action Plan Attached

Student needs are diverse. Other accommodations may be extended, based upon the professional discretion of the teacher, through relationship and communication.