



BEREAN BAPTIST ACADEMY

518 GLENSFORD DRIVE, FAYETTEVILLE, NC 28314

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DR. JACK FARMER - SUPERINTENDENT



Discipleship & Scholarship

Student Medical Release Waiver

Student Name: _____

Medical Condition(s): _____

Please note that the following medical requirements have not been submitted for your child:

- ☐ Action Plan
- ☐ Emergency Medication

I, _____, parent/guardian of student _____
_____ am fully aware that an emergency situation may arise at any time, and Berean Baptist Academy and its employees are authorized to utilize whichever medical services are deemed appropriate due to the above not being submitted by the student's family. I affirm that Berean Baptist Academy and any subsequent employee of Berean Baptist Academy are absolved from all liability regarding this medical condition for my child.

Parent or Guardian Signature (Date)

School Nurse Signature (Date)

Principal Signature (Date)