

Hold Harmless and Emergency Treatment

I/We waive any damages and will hold Faith Christian Academy, their agents, and employees harmless from any damages or liabilities in any action or proceeding brought by ourselves or on behalf of our son/daughter or by a third party relating to acts of our son/daughter based upon any and all acts and events occurring during any trip or activity in the 2018-2019 school year.

_____ I/we agree with the Hold Harmless Clause.

Signature of parent/guardian

I authorize treatment by a licensed medical physician/dentist of the following minor in the event of a medical/dental emergency that, in the opinion of the attending physician/dentist, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. The authority granted is only to be exercised after reasonable efforts have been made to reach me if time so permits. This release form is completed and signed by my own free will and is for the sole purpose of authorizing necessary medical treatment under emergency circumstances in my absence.

_____ Date _____
Signature of parent/guardian

Personal Information

Name of Student: _____ Relationship: _____

Date of birth: _____ Date(s) when authorized is valid: _____

Parent(s) Name: _____

Address: _____

Phone (H): _____ Phone (C): _____ Phone (W): _____

Family Physician: _____ Phone: _____

Address: _____

Special medical allergies, chronic illnesses, disabilities, or other pertinent medical information: _____

Prescribed medicine your child is taking at this time: _____

Date of last tetanus immunization: _____

Contact Person In Case of Emergency

Name: _____ Phone: _____

Insurance Information:

Hospital Insurance: _____ Group# _____

Surgical-Medical Insurance: _____ Group# _____

Dental Insurance: _____ Group# _____

Please contact the school office with any changes to the information on this form at 715.842.0797