

# Permission/Medical Emergency

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

- I/we give permission for my/our child to attend planned school field trips and activities
- In consideration of my child being allowed to participate in these events, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activity. I/we agree to hold harmless Grapeville Christian School, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual insurance policy in force.
- In case of accident, illness, or other emergency, I/we request that the school contact me. If the School cannot reach a parent/guardian after conscientious effort, I/we give permission for the School to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for the School to call paramedics immediately and then contact me/us as soon as possible thereafter.
- I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

Signatures: \_\_\_\_\_ Date: \_\_\_\_\_  
(Father/Guardian)

\_\_\_\_\_ Date: \_\_\_\_\_  
(Mother/Guardian)

If child lives with both parents, the release must be signed by both parents/guardians.

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Group/Policy # \_\_\_\_\_

Under the name of: \_\_\_\_\_ Relationship: \_\_\_\_\_

Allergies (including reactions to medications): \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Are there any physical or medical conditions we should know about not already stated:

\_\_\_\_\_

Student's home phone: \_\_\_\_\_

Student's home address: \_\_\_\_\_

Father's work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Mother's work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

In case of emergency, who is your nearest relative or neighbor we should contact if we are unable to contact you at home or work?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_



