

# Annual Field Trip Release/Emergency Medical Form \_\_\_\_/\_\_\_\_

**New Life Christian Academy\*5517 Griswold Road\*Kimball, MI 48074\*(810) 367-3770**

This form will be on file at the school office for the current school year. An additional Permission to Participate form will be sent home prior to each off-campus trip.

I give my permission for \_\_\_\_\_ grade, \_\_\_\_\_, to participate in sports and school-sponsored trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least 48 hours notice of all trips away from the school premises. I further understand that I may revoke permission for a specific field trip by written notice hand-delivered to the teacher more than one day prior to the trip.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume to assume responsibility for those ordinary and reasonable risks associated with travel and activities. I/we agree to hold harmless New Life Christian Academy, 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 such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability 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 staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff 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.

\_\_\_\_\_  
Father/Guardian's Signature and Date

\_\_\_\_\_  
Mother/Guardian's Signature and Date

\_\_\_\_\_  
Father/Guardian's Name Printed

\_\_\_\_\_  
Mother/Guardian's Name Printed

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

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

## Information regarding the student:

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

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

Health Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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

Allergies (Including reaction to medication): \_\_\_\_\_

Medication being taken: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

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

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