



2014-2015 Annual Field Trip Release/ Emergency Medical Form

This form will be on file in 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 permission for _____, grade _____ to participate in all 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 giving a written, hand-delivered notice to the principal 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 agree to hold harmless cfa 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 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: _____ Mother/Guardian's Signature: _____

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

Witnessed by: _____ Date: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Health Insurance Provider: _____

Policy Number: _____ Name of insured: _____

Dental Insurance Provider: _____

Policy Number: _____ Name of insured: _____

Allergies (including reactions to medication): _____

Medications being taken: _____

Preferred hospital: _____

Date of last tetanus shot: _____/_____/_____ Are there any physical or medical conditions we should know about not already stated? _____ Yes _____ No If yes, please list: _____

Student's home address: _____ City _____ Zip _____

Father's Work Phone: _____ Cell: _____ Mother's Work Phone: _____ Cell: _____

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: _____