

Calvary Christian School

RELEASE OF LIABILITY & MEDICAL TREATMENT FORM

When this form is signed by the parent or legal guardian of the child by the name of _____, it releases Calvary Christian School from any and all liability related to any and all activities and/or transportation provided by Calvary Christian School, its staff or representatives. Calvary Christian School does not provide medical insurance to automatically pay for medical expenses when students are injured at school. General medical insurance is the responsibility of the parent or legal guardians. Calvary Christian School carries only legal liability insurance.

Signature of Parent/Guardian

Date (valid for 1 year)

Provide a list of any major illnesses your child has experienced during the last year, any allergies or medical conditions, and any restrictions imposed by his/her physician.

Authorization of Consent to Medical Treatment

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Calvary Christian School and its staff of any liability against personal losses of named child.

I/we the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Calvary Christian School. I/we understand that there are inherent risks involved in any athletic event, and I/we hereby release Calvary Christian School, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician and/or hospital personnel designated by Calvary Christian School. I/we agree to hold such person free and harmless of any claims, or suits for damages arising from the giving of such consent. I/we also acknowledge that we will be responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the coaching staff.

Parents name (please print) _____

Parents Home# _____ Work# _____ Cell# _____

Medical Insurance Co. _____ Policy # _____

Family Physician: _____ Phone # _____

Emergency Contact _____ Phone # _____

Parent/Guardian Signature _____ Date: _____