

BCS FIELD TRIP MEDICAL RELEASE / TREATMENT PERMISSION FORM

Student Name: _____ Birthdate: _____

I, _____ am the parent or legal guardian of the above named child., and I am informed of the activities offered by Burley Christian School. As the parent or legal guardian of my child, I hereby consent for my child to attend and participate in all activities provided by this school.

In the event of a medical emergency where, because of time or location, I cannot be reached, I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

The following special health problems or physical limitations should be noted: (i.e. severe allergies(bee stings, etc.), hemophilia, diabetes, heart disease,etc.)

As parent/guardian of the above named child, I promise to hold BCS harmless from any liabilities it may incur from the above named minor in connection with the school activities except as might arise because of negligence on the part of the school or its employees.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature: _____ Date: _____

Parent's Home Phone: _____ Business/CellPhone _____

Other Emergency Contact: _____ Phone: _____

Emergency Doctor: _____ Phone: _____

Health Insurance Co. _____ ID# _____

Neighbor _____ Phone _____