

Hendersonville Christian School
Annual Field Trip Release/Emergency Medical Form
708 S. Grove Street, Hendersonville, NC 28792 Phone: (828) 692-0556
2010/2011 School Year

Once this form is completed and returned, it will be filed in the school office. An additional *Permission to Participate* form will be sent home prior to each off-campus field trip.

I give my permission for _____, grade _____, to participate in all sports and school-sponsored trips away from the school premises throughout the 2010/2011 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 Headmaster 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 Hendersonville 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 such circumstances are provided 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/us. 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 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

Name printed: _____

Name Printed: _____

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

Witnessed by: _____

Date: _____

Physician: _____

Phone: _____

Dentist: _____

Phone: _____

Health Ins. Co: _____

Policy #: _____

Under the name of: _____

Relationship: _____

Allergies (including reactions to medication): _____

Medication 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: _____

Father's Cell/Pager: _____

Mother's work phone: _____

Mother's Cell/Pager: _____

In case of emergency, who should be contacted if we are unable to reach you?

Name: _____ Relation to you: _____

Phone: _____

Comments: _____