

DEEP VALLEY CHRISTIAN SCHOOL
MEDICAL CONSENT FORM and LIABILITY RELEASE
2010-2011

Student Name _____ Grade _____ Age _____ D.O.B. _____ Male _____ Female _____

Father's Name: _____ Home Phone # _____ Cell Phone # _____
Home Address: _____

Mother's Name: _____ Home Phone # _____ Cell Phone # _____
Home Address: _____

Father's Employer: _____ Phone # _____
Address: _____

Mother's Employer: _____ Phone # _____
Address: _____

Family Physician: _____ Phone # _____ Dentist: _____ Phone # _____

Health Insurance Company _____ Group #: _____

Chronic illnesses or allergies: _____ Current medications: _____

Date of last immunizations: D.P.T. _____ MMR _____ Hepatitis B _____, _____, & _____

Please list below, the names of persons authorized to take your child from school:

Emergency Name: _____ Relationship _____ Phone # _____

Emergency Name: _____ Relationship _____ Phone # _____

Emergency Name: _____ Relationship _____ Phone # _____

To whom it may concern:

The undersigned does hereby give permission for our (my)child , _____ to attend and participate in field trips sponsored by Deep Valley Christian School and I hereby authorize any staff member to consent to any emergency medical treatment for my child which is deemed necessary if I cannot be readily located from **August 1, 2010 to July 31, 2011**.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) assume all transportation costs. The undersigned does also hereby give permission for our (my) child to ride in any vehicles designated by the adult whose care the minor has been entrusted while attending and participating in any DVCS activity on or off campus.

We do hereby release, forever discharge, and agree to hold harmless Deep Valley Christian School and the directors thereof from any and all liability, claims or demand for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the student that occur while said child is participating in the above-described activities and/or is on school premises. Furthermore, we (I) assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in school-related activities. The undersigned further hereby agree to hold harmless and indemnify said school, its board members, employees and agents, for any liability sustained by said school as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

Parent/Guardian Signature _____ Date _____

PERMISSION TO ADMINISTER TYLENOL/IBUPROFEN

The undersigned does hereby agree to hold Deep Valley Christian School harmless and also gives permission to administer the following medication(s):

- any prescriptions authorized by the parent and physician Tylenol Ibuprofen Children's Tylenol

Parent/Guardian Signature _____ Date _____

