Fee Paid: _____

school Facebook page.

DEEP VALLEY CHRISTIAN SCHOOL

SUMMER DAY CAMP REGISTRATION July 5 – July 28, 2022 MEDICAL CONSENT FORM and LIABILITY RELEASE

Best email for contact:		Age	D.O.B	Male Female
best email for contact.				
Parent Name:	Email Address:			
Father's Name:	Home Phone #		Cell Phone #	
Home Address:				
Mother's Name:			Cell Phone #	<u></u> <u></u>
Home Address:			_	
Father's Employer:			one #	
Address:			_	
Mother's Employer:			hone #	
Address:			_	
Family Physician:	Phone #	Dentist:	F	Phone #
Health Insurance Company	Gro	oup #:		
Chronic illnesses or allergies:	Current med	ications:		
Emergency Name:	•		Phone # Phone #	
Please list below, the names of pe	•			
Emergency Name:	Relationship_		Phone #	
To whom it may concern: The undersigned does hereby give perto attend and participate in field trips spontany emergency medical treatment for m	nsored by Deep Valley Christian	School and I	hereby authorize	any staff member to consent and from July 5, 2020 to July 2
The undersigned does hereby give pet attend and participate in field trips spon any emergency medical treatment for megoze. We (I) authorize an adult, in whose of surgical or dental diagnosis or treatment the advice of any physician or dentist lice whether such diagnosis or treatment is ragree(s) to pay all costs and expenses child pursuant to this authorization. Further, should it be necessary for the assume all transportation costs. The designated by the adult whose care the campus. We do hereby release, forever dischany and all liability, claims or demand for whatsoever which may be incurred by described activities and/or is on school pexpense as a result of participation in seasid school, its board members, employers.	care the minor has been entrusted, and hospital care, to be rendered ensed under the provisions of the rendered at the office of said physicurred in connection with such an eparticipant to return home due undersigned does also hereby eminor has been entrusted while large, and agree to hold harmless or personal injury, sickness or deathe undersigned and the stude oremises. Furthermore, we (I) asserbool-related activities. The underes and agents, for any liability su	School and I ry if I cannor d, to conser d to the mino Medical Prasician or at simedical and e to medical give permise attending a Deep Valle ath, as well and that occusione all risk ersigned furthustained by s	t be readily located to any X-ray expression and X-ray expression and the generation Act on the maid hospital. The dental services reasons, disciplination for our (my and participating by Christian Schools property damager while said child of personal injurymer hereby agree	ed from July 5, 2020 to July 2 camination, anesthetic, medical or special supervision and chedical staff of licensed hospital undersigned shall be liable arrendered to the aforementioned arrendered to the aforementioned arrendered to ride in any vehicle in any DVCS activity on or color and the directors thereof froge and expenses, of any nature is participating in the above and scenario and the directors and the activity on or to be a participating in the above and scenario and the directors and indemnity of the scenario and indemnity of the scenario and indemnity and the scenario and indemnity an
The undersigned does hereby give peto attend and participate in field trips spot any emergency medical treatment for megoze. We (I) authorize an adult, in whose of surgical or dental diagnosis or treatment the advice of any physician or dentist lice whether such diagnosis or treatment is ragree(s) to pay all costs and expenses child pursuant to this authorization. Further, should it be necessary for the assume all transportation costs. The designated by the adult whose care the campus. We do hereby release, forever dischany and all liability, claims or demand for whatsoever which may be incurred by described activities and/or is on school pexpense as a result of participation in sea said school, its board members, employed intentional acts of said participant, include Parent/Guardian Signature	care the minor has been entrusted, and hospital care, to be rendered ensed under the provisions of the endered at the office of said physicincurred in connection with such the participant to return home due undersigned does also hereby the minor has been entrusted while the undersigned and the stude or personal injury, sickness or deather undersigned and the stude of the undersigned attendant the undersi	School and I ry if I cannor d, to conser d to the mino Medical Prasician or at simedical and e to medical give permise attending a Deep Valle ath, as well and that occusiume all risk ersigned furth ustained by shereto.	t be readily located to any X-ray expression and X-ray expression and the generatic Act on the maid hospital. The dental services areasons, disciplination for our (my and participating and participating are while said child of personal injurymer hereby agrees aid school as the	ed from July 5, 2020 to July 2 camination, anesthetic, medical or special supervision and chedical staff of licensed hospital undersigned shall be liable arrendered to the aforementioned arrendered to the aforementioned arrendered to ride in any vehicle in any DVCS activity on or color and the directors thereof froge and expenses, of any nature is participating in the above and scenario and the directors and the activity on or to be a participating in the above and scenario and the directors and indemnity of the scenario and indemnity of the scenario and indemnity and the scenario and indemnity an
The undersigned does hereby give peto attend and participate in field trips spot any emergency medical treatment for megoze. We (I) authorize an adult, in whose of surgical or dental diagnosis or treatment the advice of any physician or dentist lick whether such diagnosis or treatment is ragree(s) to pay all costs and expenses child pursuant to this authorization. Further, should it be necessary for the assume all transportation costs. The designated by the adult whose care the campus. We do hereby release, forever dischany and all liability, claims or demand for whatsoever which may be incurred by described activities and/or is on school processed activities and/or is on school processed activities and participation in second school, its board members, employed intentional acts of said participant, include the processed activities and participant. Permission to Administer Ty. The undersigned does hereby agree to be following medication(s):	care the minor has been entrusted, and hospital care, to be rendered ensed under the provisions of the endered at the office of said physicurred in connection with such the participant to return home due undersigned does also hereby the minor has been entrusted while the undersigned and the stude or personal injury, sickness or deather undersigned and the stude or personal injury, sickness or deathe undersigned and the stude or personal injury, sickness or deathe undersigned and the stude or personal injury, sickness or deathe undersigned and the stude or personal injury, sickness or deathe undersigned and the stude or personal injury, sickness or deathe undersigned and the stude or personal injury, sickness or deathe undersigned and the stude or personal injury, sickness or deathe undersigned and the stude or personal injury, sickness or deathe undersigned and the stude or personal injury, sickness or deathe undersigned and the stude or personal injury, sickness or deathe undersigned and the stude or personal injury, sickness or deather undersigned and the stude or personal injury, sickness or deather undersigned and the stude or personal injury, sickness or deather undersigned and the stude or personal injury, sickness or deather undersigned and the stude or personal injury, sickness or deather undersigned and the stude or personal injury, sickness or deather undersigned and the stude or personal injury, sickness or deather undersigned and the stude or personal injury, sickness or deather undersigned and the stude or personal injury, sickness or deather undersigned and the stude or personal injury, sickness or deather undersigned and the stude or personal injury, sickness or deather undersigned and the stude or personal injury, sickness or deather undersigned and the stude or personal injury, sickness or deather undersigned and the stude or personal injury, sickness or deather undersigned and the stude or personal injury, sickness or deather undersigned and the stude or personal injury, sickness or deather un	School and I ry if I cannor d, to conser d to the mino Medical Practician or at simedical and e to medical give permis e attending and that occurrent that occurrent that occurrent all risk ersigned furth stained by shereto.	at to any X-ray experience of the total to	ed from July 5, 2020 to July 2 camination, anesthetic, medical or special supervision and chedical staff of licensed hospital undersigned shall be liable arrendered to the aforementioned and action or otherwise, we shall be liable arrendered to the aforementioned and action or otherwise, we shall be liable arrendered to the aforementioned and action or otherwise, we shall be liable arrendered to the aforementioned and the directors thereof from the properties of any nature of and expenses, of any nature of its participating in the above, sickness, death, damage, are to hold harmless and indemniting result of the negligent, willful and the medical pate. Date
The undersigned does hereby give peto attend and participate in field trips spon any emergency medical treatment for megoze. We (I) authorize an adult, in whose consumptions of dential diagnosis or treatment the advice of any physician or dentist lick whether such diagnosis or treatment is ragree(s) to pay all costs and expenses child pursuant to this authorization. Further, should it be necessary for the assume all transportation costs. The designated by the adult whose care the campus. We do hereby release, forever dischany and all liability, claims or demand for whatsoever which may be incurred by described activities and/or is on school pexpense as a result of participation in second school, its board members, employed intentional acts of said participant, include the premission to administration. Parent/Guardian Signature PERMISSION TO ADMINISTER TY The undersigned does hereby agree to here	care the minor has been entrusted, and hospital care, to be rendered ensed under the provisions of the endered at the office of said physicincurred in connection with such the participant to return home due undersigned does also hereby the minor has been entrusted while arge, and agree to hold harmless or personal injury, sickness or deat the undersigned and the stude to the undersigned and th	School and I ry if I cannor d, to conserd to the mino Medical Practician or at simedical and e to medical give permise attending a Deep Valle ath, as well and that occurrent that occurrent all risk ersigned furth stained by shereto.	at to any X-ray experience of the total to	ed from July 5, 2020 to July 2 camination, anesthetic, medical or special supervision and chedical staff of licensed hospital undersigned shall be liable arrendered to the aforementioned arrendered to the aforementioned arrendered to the aforemention of the chedical staff of licensed hospital undersigned shall be liable arrendered to the aforemention of the chedical staff of the discount of the directors thereof from the sparticipating in the above of the sparticipating in the above of the staff of the negligent, willful Date Date Date