



MEDICAL CONSENT AND LIABILITY RELEASE FORM (2026/2027)

Student Name: _____ Grade: _____ D.O.B. _____ Male ___ Female ___

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Allergies (food, medication, etc.): _____

Medical Conditions: _____ Current Medications: _____

Primary Care Physician: _____ Physician's Phone Number: _____

Insurance Provider: _____ Policy Number: _____

_____ (Parent/Guardian Initials) I, the undersigned parent or legal guardian of the above-named student, do hereby authorize the staff and representatives of Deep Valley Christian School to obtain medical treatment, including emergency medical care, for my child in the event of illness or injury while participating in school activities. I understand that every effort will be made to contact me prior to treatment. However, if I cannot be reached, I grant permission for my child to receive medical care as deemed necessary by a licensed healthcare professional.

_____ (Parent/Guardian Initials) I understand that participation in school activities involves a certain level of risk, and I voluntarily assume full responsibility for any injury or illness that may occur to my child during participation in any school-sponsored activities, including transportation to and from events.

I, on behalf of myself, my child, and our representatives, hereby release, indemnify, and hold harmless Deep Valley Christian School, its employees, agents, volunteers, and representatives from any and all liability, claims, demands, or expenses arising out of my child's participation in school activities.

I further understand that Deep Valley Christian School is not responsible for any medical expenses incurred as a result of my child's participation, and I accept full financial responsibility for any medical care required.

I have read and understand this Medical Consent and Liability Release Form. I acknowledge that I am signing this form voluntarily and that I have the legal authority to do so.

Printed Name: _____ Date: _____

Parent/Guardian Signature: _____