

**ANNUAL FIELD TRIP RELEASE/EMERGENCY MEDICAL FORM**

Heritage Christian School

510 Wall Street Ct, Gillette, WY 82718

\_\_\_\_\_/\_\_\_\_\_  
School Year

This form will be on file at the school office for the current school year. An additional "Notice to Parent" form will be sent home prior to each off-campus trip.

I give permission for \_\_\_\_\_, grade \_\_\_\_\_, to participate in all sports and school-sponsored trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given a written notice of the field trip by my child before the schedule event. I further understand that I may revoke permission for a specific filed trip by written notice hand-delivered to the principal 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 if 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 Heritage Christian School, it affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume to financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency while at school or on a field trip, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for schools staff to call emergency medical personnel or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call emergency personnel 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 judgement 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's / Guardian's signature and date

\_\_\_\_\_  
Name printed

\_\_\_\_\_  
Mother's/Guardian's signature and date

\_\_\_\_\_  
Name Printed

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

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE COMPLETE THE OTHER SIDE OF THIS FORM**

Child's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy under name of: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Allergies (including reaction to medications) \_\_\_\_\_

\_\_\_\_\_

Medications being taken and for what: \_\_\_\_\_

\_\_\_\_\_

Preferred hospital: \_\_\_\_\_ Date of last Tetanus shot: \_\_\_\_\_

Are there any physical or medical conditions we should know about that aren't already stated? \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian phone: Dad \_\_\_\_\_ Mom \_\_\_\_\_

Home address: \_\_\_\_\_

Father/Guardian Work phone: \_\_\_\_\_

Mother/Guardian Work phone: \_\_\_\_\_

In case of emergency, who are two of your nearest relatives or neighbors willing to assume temporary care of your child if you cannot be reached at home or at work? Please list only people who do not work and will generally be easy to reach.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_