

CURTIS BAPTIST SCHOOL

2015-2016

Authorization for Medical Aid and Release of Liability

General Information

Student's Full Name:

Social Security #: _____ DOB: _____ Grade Entering _____

Address:

Name of Parent/Guardian: _____

Home Phone _____ Father's Work _____ Father's Cell _____

Mother's Work _____ Mother's Cell _____

Parent's Email Address _____

Emergency Contact (other than parent): _____

Insurance Information

Name of Insured: _____ Policy # _____

Name of Insurance Company: _____

Medical Information

List any medicines that the student is allergic to:

List any allergies and the treatment needed: _____

List any medical history that trip counselors should be aware of (fainting, seizures, asthma, etc.):

List any medications the student might have in their possession at a school function:

Release of Liability

- 1. Please list any activities in which your child is not to participate:
2. Curtis Baptist School, including employees and representatives of the aforementioned organizations, shall be held harmless from any suit, action, damages, or claims at law or otherwise, resulting from or arising out of any injury, accident, or illness which may befall and/or his/her property while participating in Curtis Baptist School sponsored events or activities. If the participant is a minor, this covenant is applicable to the afforesigned and his/her parents or guardian.
3. The undersigned parent or guardian hereby authorizes sponsor, sponsor's agent, or employees to take such action as may be necessary for the medical care or treatment including the administration of medication, performing of surgery, or such other action as needed in the event of injury or illness of participant when parent or guardian cannot be reached for authorization. In the event the above authorized refuse or are not able to act, Curtis Baptist School personnel are authorized to act as set forth above. This authorization may be presented to medical personnel to seek further authority.

Signature of Participant _____ Date _____

Signature of Parent/Guardian if participant is under 18 _____ Date _____