

**Deep Valley Christian School**  
**Medical Consent and Liability Release**  
**2024-2025**



Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

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 **8/1/24 - 7/31/25**.

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 agrees 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: \_\_\_\_\_

I give permission to Deep Valley Christian School staff to place possible pictures of my child on the school website, in school publications, or in local newspapers.

- I DO**
- I DO NOT**

Persons authorized to pick-up student from school other than parent/guardian.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Please note any person that is not the parent/guardian of the student will be asked to show photo identification. If there are any changes to this list, please contact the school office immediately.