

# DEEP VALLEY CHRISTIAN SCHOOL

## MEDICAL CONSENT FORM and LIABILITY RELEASE

2024-2025

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ 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: \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Home Address: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Phone # \_\_\_\_\_

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

Mother's Employer: \_\_\_\_\_ Phone # \_\_\_\_\_

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

Family Physician: \_\_\_\_\_ Phone # \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone # \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Group #: \_\_\_\_\_

Chronic illnesses or allergies: \_\_\_\_\_ Current medications: \_\_\_\_\_

If child has a medical vaccine exemption please specify which vaccines are exempt: \_\_\_\_\_

Please list below, the names of persons authorized to take your child from school:

Emergency Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

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 agree(s) 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 \_\_\_\_\_

### PERMISSION TO ADMINISTER TYLENOL/IBUPROFEN PERMISSION TO PUBLICIZE PHOTOGRAPHS

The undersigned does hereby agree to hold Deep Valley Christian School harmless and also gives permission to administer the following medication(s):

☐ Any prescriptions authorized by the parent and physician ☐ Tylenol ☐ Ibuprofen ☐ Children's Tylenol

I **DO** ☐ **DO NOT** ☐ give my permission for Deep Valley Christian School to place possible pictures of my child(ren) on the school's website, in school publications, or in local newspapers.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_