

Fee Paid: _____

DEEP VALLEY CHRISTIAN SCHOOL
SUMMER DAY CAMP REGISTRATION July 6 – July 29, 2021
MEDICAL CONSENT FORM and LIABILITY RELEASE

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:** _____

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 **June 29, 2020 to July 23 2020**.

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

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

Parent/Guardian Signature _____ **Date** _____

I do I do not give my permission for Deep Valley Christian School to use my child's picture on the school Facebook page.