

Christ Classical Academy

Medical Release / Emergency Form

This form must be on file in the school office before your child can participate in any off-campus outings such as field trips and off-campus practices, etc.

Student Name _____ Grade _____

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

Mother's Work # _____ Mother's Cell # _____

Emergency Contact Name: _____ Phone # _____

Insurance Carrier: _____ Policy & or Group# _____

Does your child have any medical conditions that we need to be aware of? If yes, please explain.

Current list of medications: _____

Every effort will be made to contact parents in case of an emergency. If immediate care decisions need to be made the parent(s) agree to assume all liability for those decisions and to release Christ Classical Academy from any liability.

In case of any emergency, the agent of the school has my permission to make medical decisions concerning the child named above. State: **Yes** _____ **No** _____

I understand that the school does not assume responsibility for payment of a physician in any case. However, in an emergency you may choose a physician.

State: **Yes** _____ **No** _____

I hereby assume all responsibility for my child's transportation and actions during the present school year for all or any regular or special scheduled field trips and activities. It is understood that neither those in charge nor the school shall be held responsible in case of an accident.

Signature of Parent or Guardian: _____ Date: _____