

ANNUAL FIELD TRIP RELEASE/EMERGENCY MEDICAL FORM

BARRY COUNTY CHRISTIAN SCHOOL
2999 MCKEOWN ROAD, HASTINGS MI 49058
TELEPHONE (269) 948-2151 - FAX (269) 948-2795

_____/____ School Year

This form will be on file at the school office for the current school year. An additional Permission to Participate form will be sent home prior to each off-campus trip. Please indicate **GRADE** for each child and individual **differences** where applicable.

I give my permission for **(first/last name(s) & grade)**:1) _____, 2) _____,

3) _____, 4) _____, 5) _____, 6) _____,

7) _____, 8) _____ to participate in all sports and school sponsored trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least 48 hours notice of all trips away from the school premises. I further understand that I may revoke permission for a specific field trip by written notice hand-delivered to the principal more than one day prior to the trip.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Barry County Christian School, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me/us. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

____ Yes, the school may administer Tylenol. Please indicate dosage _____

____ No, the school may not administer Tylenol.

Father/Guardian's Signature and Date

Mother/Guardian's Signature and Date

Father/Guardian's Name Printed

Mother/Guardian's Name Printed

If the child lives with both parents, the release must be signed by both parents/guardians.

CONTINUED ON BACK

Physician		Phone	()
Dentist		Phone	()
Health Insurance Carrier		Policy # and Group #	
Under the name of		Relationship	

Allergies (including reactions to medication): _____

Medications being taken: _____

The student's parent/guardian must provide the school with written permission and request to administer medication. Written instructions, which include name of student, name of medication, dosage, time to be administered, route of administration, and duration of administration must accompany the medication. Forms may be obtained in the office.

Preferred hospital: _____ Date of last tetanus shot: _____

Are there any physical or medical conditions we should know about not already stated? No Yes

If so, please explain _____

Contact Information

Name of Child(ren)	Street Address		City, State, ZIP
	Home Phone	Work Phone	Cell Phone
	()	()	()
Name of Father	Street Address (if different from child)		City, State, ZIP
	Home Phone	Work Phone	Cell Phone
	()	()	()
Paternal Grandparents	Street Address		City, State, ZIP
	Home Phone	Work Phone	Cell Phone
	()	()	()
Name of Mother	Street Address (if different from child)		City, State, ZIP
	Home Phone	Work Phone	Cell Phone
	()	()	()
Maternal Grandparents	Street Address		City, State, ZIP
	Home Phone	Work Phone	Cell Phone
	()	()	()

In case of emergency, who is your nearest relative or neighbor we should contact if we are unable to contact you at home or work?

#1. Name: _____ Relationship: _____ Phone: _____

#2. Name: _____ Relationship: _____ Phone: _____

Name(s) of person other than Parent or Legal Guardian to whom child may be Released