



2177 Emmanuel Way
Springfield, Ohio 45502
Ph: (937) 390-3777
Fax: (937) 390-0966

Emergency Medical Authorization Form 2018-2019 School Year

I/We give my permission for _____, grade _____, to participate in all sports and school sponsored trips off of the school's premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision, I/We understand that I will be given at least a 48-hour notice of all off-campus trips. I further understand that I may revoke permission for a specific field trip by written notice personally 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 occur. I/We understand that there are risks involved with participation in off-campus trips. 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 on behalf of my/ourselves, our minor children and next of kin, to hold harmless and release from any liability, Emmanuel Christian Academy, any affiliated organizations, its Board of Trustees, officers, employees, agents, representatives, volunteers, including but not limited to volunteer drivers, from and against any and all claims, suits, injuries, and damages arising from my child's participation in school sponsored activities. This release agreement does not apply to claim 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. If the school cannot reach a parent/guardian after a 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 immediately call paramedics 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, as well as agreeing to be financially responsible for emergency medical transportation.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date

This form will be on file in the school office for the current school year,
A Permission to Participate form will be sent home prior to each off-campus trip.

Please complete the back portion of this page. 

Annual Field Trip Release/Emergency Medical Form

Student's Name: _____

Student's Home Address: _____

Student's Home Phone: _____

Parent Name: _____

Work Phone: _____

Cell Phone: _____

Parent Name: _____

Work Phone: _____

Cell Phone: _____

In case of an emergency, who is your nearest relative or neighbor that we should contact if you are unavailable?

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Health Insurance: _____ Policy #: _____

Name of Insured: _____ Relationship: _____

Preferred Hospital: _____ Last Tetanus Shot: _____

Allergies (including reaction to medications): _____

Current Medications: _____

Are there any physical or medical conditions: _____
