

Emergency Medical Form/Annual Field Trip Release/Photograph Waiver
Washtenaw Christian Academy, 7200 Moon Rd, Saline, Michigan 48176
Phone (734) 429-7733

_____ / _____ **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 field trip.

I give my permission for _____, grade _____, to participate in all sports and school-sponsored trips away from the school premises throughout the current school year. Students will be accompanied by an adult 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 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 sports and off - campus events as well as 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 Washtenaw Christian Academy, 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. 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.

Print Father's name

Print Mother's name

Father/Guardian's Signature and Date

Mother/Guardian's Signature and Date

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

Witnessed by _____

Date: _____

<u>PHOTOGRAPH WAIVER</u>	
We, I, the parent(s) of _____ do hereby allow WASHTENAW CHRISTIAN ACADEMY, a Michigan non-profit organization, to photograph the above-mentioned child in or about the school premises and during the course of school activities either on or away from campus to be used in conjunction with WASHTENAW CHRISTIAN ACADEMY'S catalog, yearbook, website and other publications or circumstances resulting in public viewing of said photograph.	
We, I, expressly waive any and all rights to compensation and/or royalties, etc. for the use of said photographs.	
_____ Parent/Guardian <u>SIGNATURE</u>	_____ Date

(Please complete the back side of this form.)

(Please Print Clearly & Completely)

Child's Last Name: _____

Address _____

Child's First Name & M.I.: _____

(Please give full address including zip code)

Student's Grade: _____

Student's home phone: _____

Student's Date of Birth: _____

Child lives with: _both parents _mother _father _other

Student's Cell Phone: _____

Student's Email: _____

Father's Name (print)

Mother's Name (print)

Father's work place _____

Mother's work place _____

Father's hours of employment: _____

Mother's hours of employment: _____

Father's work phone: _____

Mother's work phone: _____

Father's cell phone: _____

Mother's cell phone: _____

Father's pager: _____

Mother's pager: _____

Father's email: _____

Mother's email: _____

Physician: _____

Phone: _____

Dentist: _____

Phone: _____

Health insurance carrier: _____

Policy #: _____

Under the name of: _____

Relationship: _____

Preferred hospital: _____

Date of last tetanus shot: _____

Please check and describe if any of the following apply to this child:

___ **Allergies** (including reactions to medication): _____

___ **Medication being taken:** _____

___ **Any physical or medical conditions we should know about not already stated above:** _____

In case of **emergency**, who is your nearest relative or neighbor we should contact in case we are unable to contact you ? _____

(Name)

(Relationship)

(Phone)

Please list any other people that your child may be released to or notified of an emergency when a parent is not available. (Include those who may pick up your child after school.)

Name

Phone
