

## River City Christian School Medical/Field Trip Release Form

This form will be on file at the school office for the \_\_\_\_\_ school year.

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 a teacher and will be under adequate supervision. I understand that I will be given at least 48 hours notice for 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 headmaster 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 indemnify and hold harmless, save, and protect River City Christian School, San Antonio, TX, its trustees, officers, employees, agents, volunteers, students, successors, and assigns from and against any and all claims, demands, actions, suits, liabilities, losses, damages, costs, judgments and 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 can assume no financial liability beyond its actual liability insurance policy in force.

In case of an 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, or other emergency, I/we request that the school 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.

I/we acknowledge that RCCS reserves the right to decline my child's participation in applicable activities if I/we decline to agree with any portion of this Medical & Field Trip Release form.

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

Father/Guardian's Signature	Date	Mother/Guardian's Signature	Date
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Father's Name Printed	Mother's Name Printed
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Physician	Phone
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Dentist	Phone
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Health Insurance Carrier	Policy #
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Name of Policy Holder	Relationship
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Allergies (including reactions to medications) \_\_\_\_\_

Medication being taken \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Are there any physical or medical conditions we should know about not already stated? \_\_\_\_\_

Student's Home Phone \_\_\_\_\_ Student's Home Address \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Mother's 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/work?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_