

**Providence Christian Academy
410 DeJarnette Lane
Murfreesboro, TN 37130
(615) 904-0902**

Annual Field Trip Release/Emergency Medical Form

_____/_____**School Year**

This form will be on file in the school office for the current school year. An additional "Field Trip Permission to Participate" form will be sent home prior to each field trip.

I/we give 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 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 occur. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of any child being allowed to participate in this event, I/we agree to assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Providence 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 to the school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff or 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.

Father/Guardian's Signature

Date

Mother/Guardian's Signature

Date

Name printed: _____ Name printed: _____

If the child lives with both parents, the release MUST be signed by both parents/guardians and notarized.

Before me, the undersigned authority, on this day personally appeared _____ known to me to be the person in subscribed to the above and foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration expressed and in the capacity therein stated.

Given under my hand and seal of office on this ____ day of _____, 2010.

My commission expires: _____

Notary Public in and for Rutherford County, TN

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Health Insurance Carrier: _____

Policy number: _____

Group number: _____

Under the name of: _____

Relationship to student: _____

Allergies (including reactions to medication): _____

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: _____

Dad's mobile: _____ Mom's mobile: _____

Student's home address: _____

*“Approving the things that are excellent...to the glory and praise of God”
Philippians 1: 9-11*