

Our Lady Help of Christians Academy

Student Grade Level _____

Release of Liability/Emergency Medical/Field Trip Permission Form 2016-2017

Student Name _____ Birth Date _____ Homeroom Teacher _____

Address _____ City/State _____ Home Phone _____

EMERGENCY CONTACT/PARENT/GUARDIAN INFORMATION

Mother/Guardian Name: _____ Cell #: _____ Work #: _____

Father/Guardian Name: _____ Cell #: _____ Work #: _____

In the event that a parent/guardian cannot be reached contact one of the following:

Name _____ Relationship _____ Cell# _____ Work# _____

Name _____ Relationship _____ Cell# _____ Work# _____

STUDENT'S HEALTH HISTORY

Student's Age _____ Sex: M F

Does your child have a diagnosed medical condition? NO YES, circle all that apply:

Asthma Cancer Cardiac Condition Diabetes Seizures Sickle Cell Disease Sickle Cell Trait

Other health and mental health conditions not listed: _____

Does your child have a health condition which may require emergency action while he/she is at school?

(e.g., seizure, allergy, asthma, diabetes, heart problem, or other problem) NO YES, describe: _____

Allergies: NO YES, please list: _____

Does your child regularly take any medications, prescription and/or over-the-counter? NO YES, please list: _____

Date of last tetanus shot: _____

PHYSICIAN/INSURANCE INFORMATION

Physician: _____

Phone: _____

Dentist: _____

Phone: _____

Insurance Company: _____

Policy #: _____

Address: _____

Group #: _____

POLICY HOLDER: Name _____ DOB _____ Relationship to the Child: _____

Preferred hospital (Optional) _____ *Signature required on back

PERMISSION TO PARTICIPATE

PERMISSION TO TRANSPORT

I/We give permission for my/our child to participate in school-sponsored trips away from the school premises throughout the 2016-2017 school year and consent to allow any of the priests of the Society of Saint Pius X, the teachers of **Our Lady Help of Christians Academy**, any parishioners or other volunteers, or whomever any of these so delegates to transport my/our child to and from any of these field trips.

RELEASE OF LIABILITY AGREEMENT

I/We, the undersigned, give permission for student(s) to attend **Our Lady Help of Christians Academy** and to participate in each and every school related event or any other event, sport, camp, trip, medically related event, or outing (collectively referred to as "activity") whether on or off campus and whether or not the activity is sponsored, promoted, supervised and/or attended by the **Our Lady Help of Christians Academy** as a whole or in part. I/We understand and agree that the activity may pose possible illness, injury, as well as similar and dissimilar risks ("risks"). In exchange for the **Our Lady Help of Christians Academy's** allowing the student to participate in the activity, the student, parents and their respective heirs, personal representatives agree(s) to release from liability, discharge and hold harmless **Our Lady Help of Christians Academy**, the Society of Saint Pius X South West District Inc, its affiliated organizations, employees, agents and representatives including volunteers and drivers, from any and all liability resulting from the student's personal injury, death, property damage, property theft or loss of any kind which may hereafter occur to student. This release shall be governed by the laws in the State of Colorado and shall not apply to liability as a result of intentional (criminal) misconduct or gross negligence if proven by a court of law. The student and each of the undersigned understand that at any **Our Lady Help of Christians Academy** event or related activities, any child, parent or licensee may be photographed. I/We agree to allow any photo, video or film likeness of the student, parents or their assigns/licensees to be used for any purpose by the **Our Lady Help of Christians Academy**, event holders, producers, sponsors, organizers and assigns and may publish the photographs/film/videotapes/electronic representations and/or sound recordings of him/her and specifically waive(s) any right to any compensation he/she may be awarded or due. I/We do hereby represent that I/We am/are, in fact, acting in such capacity as the student's parent/guardian. I/We agree to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release the **Our Lady Help of Christians Academy** or its affiliates as set forth above. I have fully read and understand the above terms and conditions and that they apply to said student and to myself/ourselves, jointly and severally, and that no oral representations, statements or inducements apart from the foregoing written agreement have been made to me/us and the student. I/We acknowledge and agree that the **Our Lady Help of Christians Academy** can assume no financial liability beyond its actual liability insurance policy in effect.

PERMISSION TO TREAT

In case of any accident, illness, or other incident requiring medical attention, I/we request that the school contact me/us. If the school cannot reach me/us after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a serious emergency exists, I/we give permission for school staff to call paramedics or any licensed physician or dentist immediately and then contact me/us as soon as possible thereafter. I/we authorize and consent to any x-ray examination, anesthetic, CPR, medical, dental, or surgical treatment, and/or 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 emergency transport and/or the previously mentioned services being provided. I/We give permission for the release of health information including verbal, print, fax, and electronic media, necessary for the treatment of my/our child to the appropriate **Our Lady Help of Christians Academy** personnel and /or attending health care providers.

Parent/Guardian Signature _____ Date: _____