



CHRISTIAN LIFE

ACADEMY

OFF GROUNDS AUTHORIZATION

Please Return to the Office

Student Name & Grade

Student Name & Grade

Student Name & Grade

Student Name & Grade

EMERGENCY

If emergency treatment is required and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their judgment in calling the physician you have indicated or, if the physician is not available, to transport the child to a hospital emergency room. Likewise, your signature below authorizes the release of medical records pertinent to such an emergency room visit, as the School District may require for its files. This is a general authorization and is not sufficient for the release of confidential information protected by Federal Law.

ACTIVITIES OFF THE SCHOOL GROUNDS

I hereby consent to have my child(ren) participate in field trips, supervised by the Christian Life Academy teaching staff, off school grounds. I hereby authorize the staff of Christian Life Academy to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical and surgical care, in case I am not immediately available. Any qualified physician, called by Christian Life Academy may treat and do whatever is necessary for the health and well being of my child. It is understood that a conscientious effort will be made to notify me (parents) before such action will be taken. I also agree to accept responsibility for the cost of the above medical services. I absolve the school from liability for any injury to my child. In the event that I wish to keep my child from attending a field trip, I will inform my child's teacher prior to the trip.

ATTENTION PARENT/GUARDIAN

As requested by our insurance company, this statement is to inform you that we carry liability insurance similar to that of a public school. Also, similar to a public school, we do not provide medical coverage if your child becomes ill or injured while at school. It is the parent or legal guardian's responsibility for all medical bills unless the Christian Life Church/Academy is negligent.

SPECIAL NOTE: This form must have two signatures. At any time where the enclosed information has changed, those changes must be submitted to the school office in writing.

Father Signature

Date

Mother Signature

Date

Legal Guardian Signature

Date

Legal Guardian Signature

Date