

# Neuse Christian Academy

7600 Falls of Neuse Road Raleigh, NC 27615

Phone: (919) 844-6496 Fax: (919) 861-6819

## 2018 - 2019 Annual Release/Emergency Medical Form

This form will be on file at the school office. An additional Permission to Participate Form will be sent home prior to each off-site trip. I give permission for:

Student \_\_\_\_\_ Grade \_\_\_\_\_ Student \_\_\_\_\_ Grade \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ Student \_\_\_\_\_ Grade \_\_\_\_\_

to participate in all sports and school sponsored trips away from the premises throughout this school year. Students will be accompanied by a teacher and will be under adequate supervision. I further understand that I may revoke permission for a specific field trip by written notice hand-delivered to the principal more than a 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 participating in off-site 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 hold harmless Neuse Christian Academy, its affiliated organizations, employees, agents, and representatives, including volunteers and other drivers, from any and all claims arising from my child's participation. This release 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.

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 signature and date

Name printed \_\_\_\_\_

\_\_\_\_\_  
Mother/Guardian signature and date

Name printed \_\_\_\_\_

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

Home address \_\_\_\_\_

Home phone # \_\_\_\_\_

Father's cell # \_\_\_\_\_

Father's work # \_\_\_\_\_

Mother's cell # \_\_\_\_\_

Mother's work # \_\_\_\_\_

Email address \_\_\_\_\_

Physician \_\_\_\_\_

Phone \_\_\_\_\_

Dentist \_\_\_\_\_

Phone \_\_\_\_\_

Health insurance carrier \_\_\_\_\_

Policy # \_\_\_\_\_

Insurance Customer Service Phone # \_\_\_\_\_

List all allergies \_\_\_\_\_

Medications \_\_\_\_\_

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

Are there any other physical or medical conditions that we should know about? \_\_\_\_\_

### Emergency Contact Information

Responsible adults to be contacted if parents cannot be reached:

1) Name \_\_\_\_\_ Cell # \_\_\_\_\_ Other # \_\_\_\_\_

Relation to you: ( ) Relative ( ) Friend ( ) Guardian ( ) Other

2) Name \_\_\_\_\_ Cell # \_\_\_\_\_ Other # \_\_\_\_\_

Relation to you: ( ) Relative ( ) Friend ( ) Guardian ( ) Other

### Medicine Administration

My child has permission to be given the following: ( ) Jr. Tylenol ( ) Reg. Tylenol ( ) Advil ( ) Antibiotic Ointment