



**FIELD TRIP/ MEDICAL RELEASE
FORM 2009- 2010**



Mission Statement: Christ the King Academy seeks to support Christian families by Providing a Christ-centered education which promotes godly character, academic excellence, physical development, and social skills.

FIELD TRIP PERMISSION

I, _____, grant permission for _____ to attend all field trips sponsored by Christ the King Academy for the school year 2009 - 2010. At the time of being notified of a specific field trip and its costs, I will have the opportunity to send a written refusal stating that my child will not be able to attend that field trip.

Parent's Signature

Date

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT

I hereby authorize Christ the King Academy, Christ Memorial Church, and/or its employees and agents to consent the administration of any treatment deemed necessary by a licensed physician, surgeon or dentist; and/or the transfer of my child to any hospital reasonably accessible. I acknowledge that Christ the King Academy, Christ Memorial Church and/or its employees and agents may authorize such treatment and/or transfer, in their sole discretion, even though I have not been previously contacted.

I further promise to hold harmless Christ the King Academy, Christ Memorial Church and/or its employees and agents from any and all expenses incurred pursuant to this authorization in obtaining medical treatment and/or transfer, including but not limited to: ambulance expenses, costs of paramedics, hospital expense and/or physician charges. I hereby release Christ the King Academy, Christ Memorial Church and/or its employees and agents and drivers of vehicles of any and all liability from personal injury, property loss, and illness during or related to this outing.

Name of family doctor: _____ Phone #: _____

Other pertinent facts to which physician should be alerted: _____

Parent/Guardian Signature: _____ Date: _____