

ECS MEDICAL/TRAVEL RELEASE WAIVER

(To Be Completed by Parent or Guardian)

STUDENT'S
NAME _____

(Last)

(First)

(Middle)

PARENT'S
NAME _____

ADDRESS _____ PHONE _____

BUSINESS/CELL PHONE (Father) _____ (Mother) _____

EMERGENCY NUMBER (Friend/Relative) _____

List below any of the student's physical defects or conditions such as allergies, nervousness, headaches, and etc. _____

Should student at any time during the trip require medical attention, list any special instructions that he/she might require, such as allergic to penicillin, having rare blood type, etc. List any medications and/or medical issues that require special instructions.

Current immunization status: Tetanus (date) _____

Medical Insurance: Company and Policy Number _____

I, _____, the parent and/or guardian of _____

Hereby acknowledge that said child is presently under my care, custody and control. I hereby give my child my express permission to go Victory Ranch. This will be an overnight trip August 13 and 14, 2022. I further expressly grant my permission for my child to participate in all approved activities while on the trip, with the exception of those I have listed on the back. (If none, please write "none".)

In the event an emergency necessitating medical or surgical attention arises, I hereby consent and give my permission to the Evangelical Christian School faculty member, its representatives, or the sponsors to make such decisions for said child which may in his/her sole discretion be necessary and proper under the circumstances.

I do release, acquit, discharge, and covenant to hold harmless Evangelical Christian School or its employees, representatives of sponsors from any and all causes of action, damages, or liabilities arising out of the treatment of any sickness or accident, and financial responsibility for all medical treatment provided during the attendance of any trips.

By executing this Release and Parent Permission Form and granting the permission stated herein, I, myself, heirs, or personal representatives hereby release Evangelical Christian School of Memphis (ECS) and its respective officers, directors, agents, employees from and against any liability, damages, claims or causes of action arising out of my child's participation in or travel to and from this event.

SIGNATURE OF PARENT _____

Date

SIGNATURE OF STUDENT (over 18) _____

Date