

Annual Field Trip Release / Emergency Medical Form

Centennial Baptist School and Children's Center

2017-2018

3610 E. Ustick Rd.
Caldwell, ID 83605
208-454-1997

I give my permission for _____,
(List all students' names)

to participate in all sponsored trips away from the premises throughout the current school year. Students will be accompanied by a teacher and will always be under adequate supervision. I understand that I will be given at least 24 hours notice of all trips away from the premises. I further understand that I may revoke permission for a specific field trip by written notice hand-delivered to the school office more than one day prior to the trip.

Although Centennial desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume to assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Centennial Baptist School or Children's Center, its employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional misconduct or gross negligence by the school, its employees, or volunteers.

In case of accident, illness, or other emergency, I/we request that Centennial Baptist School or Children's Center contact me. If the school or center cannot reach a parent/guardian after conscientious effort, I/we give permission for staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for staff to call paramedics immediately and then contact me/us as soon as possible thereafter. I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care, which, in the 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's Signature and Date
Printed Name: _____
Father's work phone: _____
Cell phone: _____

Mother / Guardian's Signature and Date
Printed Name: _____
Mother's work phone: _____
Cell phone: _____

Physician: _____ Phone: _____
Dentist: _____ Phone: _____
Health insurance carrier: _____ Policy # _____
Under the name of: _____ Relationship: _____

Allergies (including reactions to medication): _____
Current Medications: _____
Preferred hospital: _____
Date of last tetanus shot: _____

In case of emergency, nearest relative or neighbor we should contact if we are unable to contact you?
Name: _____
Relationship: _____ Phone: _____

The school will administer Advil, Tylenol, or pain and fever reducer based upon recommended label dosages. If you do not want the school to administer these medicines please notate below.

_____ No, I would not like my child to be administered pain and fever reducer.