



2011-2012 Field Trip and Athletic Medical Consent

Student's Name _____ (Last) _____ (First) _____ Today's Date _____

Age: _____ DOB: _____ Grade: _____ School: _____

Mother/Guardian: _____ Phone #: _____

Father/Guardian: _____ Phone #: _____

Address _____ Home Phone: _____

City: _____ Zip: _____ E-mail: _____

Non-Parent Emergency Contact: _____ Phone #: _____

Allergies, special needs, activity restriction, etc.: _____

The undersigned does hereby give permission for our/my student, _____
(name of student)

to attend and participate in all field trip activities/Athletics with Vineyard Christian School during the current calendar school year.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthesia, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of the said physician or at the said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Vineyard Christian School.

Medical Insurance: yes no Participant (name of person carrying the insurance): _____

Insurance Company: _____ Policy #: _____

Phone #: _____

Signature of Parent/Legal Guardian

Date