

CHART Emergency Health Care Release

Dear Parents,

You are expected to accompany your children in sponsored field trips and activities, especially those in the K-6th grades. When it is otherwise appropriate for your child to participate without your presence, this form should be filled out and given to the activity Coordinator. We pray that no one will be injured, yet we all realize scrapes, scratches and stings do happen. This form is not a release for liability, but it is simply a parental authorization statement for medical treatment of non life-threatening instances (such as stitches) where it would be prudent to bring a child to a doctor/clinic/hospital. You must have one filled out for your children, or they will not be allowed to participate in the field trip/activity.

If your child is under 18, and you will not be accompanying him/her on field trips and other events, please fill out this section:

Child's Name: _____ Age: ____ Sex: _____

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Child's Name: _____ Age: ____ Sex: _____

Address: _____

City/State/Zip: _____

Parent/Guardian's Name: _____

Phone # in case of emergency (H) _____ (W) _____ (C) _____

Child's Family Doctor: _____ Phone: _____

List any special needs, allergies or medical problems: _____

Health Insurance Information:

Name of Insurance Company Name of Insured Policy/Card Number

I, _____, parent/guardian of above named minor child/children, authorize members/representatives of the Christian Homeschool Association of Regional Thomasville, Inc. as sponsors of field trips/events to consent on my behalf to any and all treatment deemed necessary by any physician, surgeon, or other provider as licensed under the Medical Practice Act or similar scope of practice stature should my child/ward suffer accident, illness, or other medical emergency in my absence.

CHART LIABILITY RELEASE FORM

Release of All Claims

In consideration for being accepted by Christian Homeschool Association of Regional Thomasville, Inc. (CHART) for participation in any activities, I, being the parent or legal guardian of the below named child-participant(s), do for myself and on behalf of my child(ren), hereby release, waive and forever discharge CHART, the meeting facility, and the directors, employees or agents thereof, from any and all liability, claims or demands for emotional or personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and/or their child-participant(s) that occur while participating in any activity or trip.

The undersigned hereby agrees to hold harmless and indemnify CHART, its directors, employees and agents, for any loss, liability, damage or cost they may incur as the result of the negligent, willful or intentional acts of said participant(s).

I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in activities involved therein.

I hereby grant my permission for him/her to participate fully in said activity/trip, and, should emergency medical treatment be necessary, I hereby authorize an appropriate adult to engage qualified medical personnel to initiate any necessary medical treatment or care. In the event of such an injury, it is understood that CHART will use all reasonable efforts to notify me (or the emergency contact listed below), where practical, prior to initiating medical treatment for any such injury or illness. Should neither party be available, I hereby give permission to any such physician or other medical personnel to provide such medical treatment such individual deems medically necessary. I understand and agree that I am responsible for all medical care expenses incurred to treat the Participant's injuries including, without limitation, physician, hospital, lab, drug and device expenses.

I further expressly agree that the foregoing release is intended to be as broad and inclusive as is permitted by the law of the State of Georgia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read and voluntarily sign this release and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE.

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ Date _____

Print full name of all participant(s): _____

Medical Insurance Yes No Policy # _____

Insurance Company Name and Address _____

Doctor's Name _____ Phone # _____

Emergency Contact Name _____ Phone # _____

Please list allergies, current medications or significant medical conditions: (specify participant) _____

Event Day Volunteer Sheet

Name _____

Phone _____

____ - yes, my child will be participating

____ - no, my child will not be participating

Please choose 3 of the areas you would most like to volunteer in.
Mark it as 1st choice, 2nd choice, 3rd choice.

1. ED assistant _____
2. Teacher _____
3. Kindergarten _____
4. Preschool _____
5. Nursery _____
6. Kid's snack _____
7. Kids' snack assistant _____
8. Mom's snack _____
9. Mom's snack assistant _____
10. PE Instructor _____
11. Clean up crew _____
12. Skill Builder Teacher _____