



# Cornerstone Christian Academy

129 Route 28, Mountainside • Ossipee, NH 03864

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## Annual Field Trip Release/Emergency Medical Form

for School Year 20\_\_ / \_\_

This form will be on file at the school office for the current year. An additional Permission Slip will be sent home prior to each off-campus trip.

I give permission for \_\_\_\_\_, grade, \_\_\_\_\_, to participate in all school sponsored trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least 48 hours notice of all trips away from the school premises. I further understand that I may revoke permission for a specific trip by written notice.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we, the parent/guardian, understand that there are risks involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in these events, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Cornerstone Christian Academy, its affiliate organizations, employees, agents and representatives, including volunteers and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of an accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent or guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school 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 best 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 agree to be financially responsible for emergency medical transportation.

\_\_\_\_\_  
Father/Guardian's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

If the child lives with both parents, the release must be signed by both parents/guardians.

- Please complete the back side of this form.

# Annual Field Trip Release/Emergency Medical Form

for School Year 20\_\_ / \_\_

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy# \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship: \_\_\_\_\_

Allergies (including reactions to medications): \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Are there any physical or medical conditions we should know about not already stated?

Student's home address: \_\_\_\_\_ Student's home phone: \_\_\_\_\_

Father's work phone: \_\_\_\_\_ Father's cell phone: \_\_\_\_\_

Mother's work phone: \_\_\_\_\_ Mother's cell phone: \_\_\_\_\_

In case of emergency, who is the nearest relative or neighbor we should contact if we are unable to reach you at home or work?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_