

ATHLETIC AND MEDICAL RELEASE FORM

I, the parent or guardian of _____, give permission for him/her to participate in all activities sponsored by Abundant Life Christian School (ALCS) during the **2024-2025** school year. I will inform the school in writing should I choose to keep my child from an activity or trip.

I understand that ALCS does not have a nurse on staff. The staff and volunteers of ALCS have my permission to care for my child to the best of their ability and knowledge. I understand that it is my responsibility to inform the ALCS staff of any special needs or medical conditions my child might have. I give permission to the staff and volunteers of ALCS to administer the following first aid treatments to this child as deemed appropriate and/or necessary by the person in charge:

- Antibiotic ointment, hydrogen peroxide, and band-aids

I understand that, as this child's parent/guardian, I am expected to provide medication for colds, coughs, allergies, menstrual symptoms, and persistent headaches.

I authorize the representative of Abundant Life Christian School complete medical guardianship of my child in case of an accident or emergency. The representative of Abundant Life Christian School is authorized to have the above-named child treated and given any medical attention necessary for the well-being of the child. I authorize the school representative to make the choice of doctor and hospital.

I hereby release Abundant Life Christian School or any representative of the school or church from any liability or responsibility for injuries to my child or for damages, injuries, or expenses that may occur arising from any school activity. I also agree to indemnify and hold harmless Abundant Life Christian School and any representative of the school or church against any such claim for injuries, damages or expenses made by, or on behalf of, the child. I agree to settle any unresolved conflicts through arbitration as described in the ALCS Student Handbook.

Father/Guardian Signature _____ Date _____

Mother/Guardian Signature _____ Date _____

Address of Parents/Guardians _____

Father's/Guardian's Employer _____

Cell Phone _____

Mother's/Guardian's Employer_____

Cell Phone_____

Family Doctor_____ Phone_____

Recommended Hospital_____ Phone_____

Student's Birth Date_____

Insurance Company_____ Policy #_____

If student has any physical/medical problems, please specify:_____

If student is allergic to any medications or foods, please specify:_____

Persons other than parents to contact in case of emergency:

Name_____ Relationship_____

Phone_____

Name_____ Relationship_____

Phone_____

Updated 03/2024