

Stockdale Christian School

4901 California Ave.

Bakersfield, Ca 93309

(661)327-3927

Annual Field Trip Release/Emergency Medical Form

This form will be on file with the Summer Program Administrator for the duration of the summer. An additional Permission to Participate form will be sent home prior to each off-campus trip.

I give my permission for _____, grade _____, to participate in all sports and 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 field trip by written notice hand delivered to the teacher more than one day prior to the trip.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that 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 responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless STOCK-DALE CHRISTIAN SCHOOLS, its affiliated organizations, 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 (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proven, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/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 immediately call paramedics 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 also agree to be financially responsible for emergency medical transportation.

Father/Guardian's Signature Date

Mother/Guardian's Signature Date

Name Printed: _____

Name Printed: _____

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

Physician: _____

Phone: _____

Dentist: _____

Phone: _____

Health insurance carrier: _____

Policy #: _____

Under the name of: _____

Relationship: _____

Allergies (including reactions to medication): _____

Medication being taken: _____

Preferred hospital: _____ Date of last tetanus shot: _____

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

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(continued)

Student's home address: _____

Home Phone: _____

Father's work phone: _____ Mother's work phone: _____

Father's cell phone: _____ Mother's cell phone: _____

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

Name: _____

Relationship: _____ Phone: _____