

OLIVE TREE CHRISTIAN SCHOOL

Liability & Medical Release Form

School Program _____

Family Information

Family Name _____

Children's Names

Age Age Age Age Age Age Age Age

Address City State Zip Code Home Phone Work Phone Cell Phone E-mail Address

Insurance Information

Family Doctor Doctor's Address Phone Insurance Carrier Policy #

Medical Information

Are any of your children allergic to any medications or have medical conditions we need to know of? If so, explain and list the medication or treatment:

Liability/Medical Release

This release is effective from the date you enroll in Olive Tree Christian School or any of its affiliate programs until you leave the school or conclude the program for the current academic year. I fully understand that my child is to abide by all rules and regulations governing conduct during school or affiliate program participation. It is understood that any child determined to be in violation of these behavior standards may be sent home.

I understand and acknowledge that by consenting to allow my child to participate in school functions, I shall by law, be deemed to have given up all claims against Olive Tree Christian School, and each of its overseers, for any injury accident, illness or death occurring during or by reason oaf any school function.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a li-censed physician and/or surgeon as deemed necessary for the safety and welfare of my child. It is understood that the resulting expense will be the responsibility of the parent(s) or participant. Whenever possible attempts will be made to contact the parent/guardian prior to taking any medical action.

Parent/Guardian _____ Date _____

