KANSAS CITY GIRLS ACADEMY

MEDICAL CARE/INFORMATION AUTHORIZATION AND LIABILITY RELEASE

NOTE: Parent/Guardian is responsible for updating the school/program when any information in this form changes.

Student Information

Student Name _____ Grade to enter _____
First Middle Last

Name(s) of parent or legal guardian_____

Street address _____ Parent email _____

City_____State _____ Zip Code_____

Parent's phone (home) _____ (cell) _____

Student's birthdate (M/D/Y) _____/_____/_____ Sex M F Age as of first day of school _____

Permission to contact non-custodial parents (circle one)?
Yes / No / N/A
If yes, provide name and phone number for non-custodial parent:

_____ /_____
Name Phone

Name of medical insurance company _____ Policy #_____

Name of insured _____

Employer of insured_____

Primary health care provider _____ Phone _____

Dental provider_____ Phone_____

The following information will be used to contact those persons who will be responsible for making emergency medical decisions on behalf of the child listed above. Parental or guardian contact information must be updated if/when it changes. ONLY LIST THE NAMES OF THOSE WHO HAVE AUTHORITY TO MAKE DECISIONS IN AN EMERGENCY SITUATION INVOLVING THIS CHILD. List at least one person who may be contacted in an emergency in the event the parents or guardians are unavailable. Additional persons and their contact information can be listed on the back of this form.

Mother's name:

_____ Cell _____ Home _____
Last First

Address _____
Street City State Zip

Mother's Employer _____
Name Address Work Phone

Father's name (Second Guardian):

_____Cell_____Home_____
Last First

Address
_____
Street City State Zip

Father's Employer _____
Name Address
Work Phone

ADDITIONAL EMERGENCY CONTACT

Name _____Cell _____Home_____
Last First

Address _____
Street/Apt.# City State Zip

Employer _____
Name Address Work Phone

MEDICAL CONDITIONS:

A medical screening is required upon enrollment that will determine any previous medical conditions your child has that might require emergency medical care.

Child's Name_____Birth Date _____

Medical Condition(s) _____

Medications currently being taken by your child _____

_____

Note: Parents must include a Dr.'s note with this form for any known allergies to food, medicine, etc..

Consent and Liability Release

I authorize Ministry personnel to transport my child immediately to the nearest hospital or urgent care center or to contact emergency services and have my child transported to a local hospital. **I FURTHER CONSENT FOR MINISTRY PERSONNEL TO AUTHORIZE MEDICAL TREATMENT FOR MY CHILD IN THE EVENT OF AN EMERGENCY.** I also authorize Ministry personnel to contact my child's primary care or dental provider, in the event of an emergency. By signing this agreement, I acknowledge that the Ministry does not provide any health insurance covering my child during the activities referred to herein, and I understand that it is my responsibility as parent or guardian to obtain health insurance covering my child. I also agree to accept the sole responsibility for the costs of medical care.

I understand that, although certain volunteers and/or other workers have been familiarized with administering over-the-counter medications for minor illness or injuries, as well as allergies, anaphylaxis, and epinephrine administration, these individuals are not medically trained personnel and do not have professional training or experience in meeting the needs of children with such conditions or to identify symptoms or signs that the student is in distress or may need emergency medical treatment. I also understand that the Ministry does not and cannot guarantee that my child's environment will be free from substances, foods, or allergens that may trigger my child's medical conditions.

In consideration of my child being permitted to participate in the event(s) described above and other valuable consideration the receipt of which is acknowledged, I hereby **AGREE TO RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS THE MINISTRY** and its agents and employees from any and all past, present, future, known and unknown liabilities, actions, causes of action, claims, expenses, personal injuries, and damages **INCLUDING THOSE CAUSED BY THE NEGLIGENCE OR FAULT OF THE MINISTRY, ITS LEADERS, EMPLOYEES, OR VOLUNTEERS,** and including, without limitation, interest, penalties, court costs, attorney's fees, and expenses resulting from or on account of injury to my child, myself, or my property in connection with any medical care provided to my child. I **FURTHER RELEASE** any and all claims brought by or through me, including claims for loss of consortium and all similar claims based on relationships with other people. I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted in the State of _____ *(state where ministry is located)* and that if any portion hereof is held invalid, it is agreed that the remainder shall, notwithstanding, continue in full legal force and effect. I also agree that any controversy or claim, by or through me, arising out of or relating to the care anticipated by this form shall be settled by binding Christian arbitration conducted by the National Center for Life and Liberty or another Christian arbitrator, and judgment on the award may be entered in any court having jurisdiction thereof. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not mere recitals.

I FURTHER STATE that I have carefully read the foregoing release and know the contents thereof, and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Signature of Parent/Guardian _____Date_____

Signature of Parent/Guardian _____Date_____