

Doris Todd Memorial Christian School

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**Annual Field Trip Release/Emergency Medical Form
2008 - 2009 School Year**

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

I give my permission for _____, in grade _____, to participate in all sports and school-sponsored trips away from the school premises throughout the current 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 principal 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 to assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Doris Todd Memorial Christian School, 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 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 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 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 also agree to be financially responsible for emergency medical transportation.

_____ Signature Father/Guardian	_____ Date	_____ Signature Mother/Guardian	_____ Date
Print Name: _____		Print Name: _____	
If the child lives with both parents, the release must be signed by both parents/guardians.			
Physician and Medical Group: _____		Phone: _____	
Dentist and Dental Group: _____		Phone: _____	
Health Insurance carrier: _____		Policy # _____	Medical Record # _____
Subscriber Name: _____		Relationship to Student: _____	
Allergies (including reactions to medications): _____			
List all medications being taken: _____			
Preferred Hospital: _____		Date of last tetanus shot: _____	
List all physical or medical conditions we should know about not already stated: _____			

Student's Home Phone: _____		Student's Home Address: _____	
Father's Work Phone: _____		Father's Cell Phone: _____	
Mother's Work Phone: _____		Mother's Cell Phone: _____	
In case of emergency, who is your nearest relative or friend we should contact if we are unable to contact you at home or work?			
Name: _____		Relationship: _____	
Home Phone: _____		Cell Phone: _____	Work Phone: _____

