



CHRISTIAN HERITAGE SCHOOL

Field Trip Release Form

Student's Name: _____

Address: _____

Father's Name: _____ Home Phone : _____

Work Phone: _____

Mother's Name: _____ Home Phone: _____

Work Phone: _____

Person to notify in emergency: _____ Phone: _____

Doctor to notify in emergency: _____ Phone: _____

I, the parent/guardian for _____ do agree that the student and I will abide by the rules of Christian Heritage School. Recognizing the possibility of physical injury associated with participation in any school activities and sports. I hereby release, discharge and/or otherwise indemnify Christian Heritage School, it's affiliated programs and sponsors, their employees and associated personnel against any claim by or on behalf of the student as a result of the student's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

Name (parent/guardian) _____
(Please Print)

Signature: _____

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of the above named student, I hereby give consent for the emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature of parent/guardian: _____

CHRISTIAN HERITAGE SCHOOL

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