



CHESTERTOWN CHRISTIAN ACADEMY

STUDENT PERMISSION TO TRAVEL & PARENTAL CONSENT FOR MEDICAL TREATMENT

With the increasing sophistication of our medical systems, we are finding it expedient to have a release on file from a parent/guardian in the unlikely event of some serious injury requiring medical treatment. This release authorizes Chestertown Christian Academy to take your child to the nearest available medical facility and have the medical attention we deem necessary, administered. This release is necessary, as many hospitals will not administer any medical attention to a minor without some form of consent from a parent/guardian. This release also authorizes Chestertown Christian Academy to transport your student to and from athletic events including practices and games.

Therefore, please read the following statement and sign below if you provide consent:

I GIVE _____, MY STUDENT, PERMISSION TO GO TO ANY OR ALL GAMES/EVENTS IN RELATON TO CHESTERTOWN CHRISTIAN ACADEMY (CCA) VIA TRANSPORTATION PROVIDED BY COACHES, PARENTS, OR BUS. I DO HEREBY RECOGNIZE THAT CCA, ITS DIRECTORS, EMPLOYEES, AND AGENTS WILL NOT BE HELD LIABLE FOR ANY UNFORSEEN AND/OR UNFORESEEABLE ACCIDENTS OR INJURIES THAT MAY OCCUR DURING THE COURSE OF THE SAID MINISTRY/ACTIVITY. I RELEASE CCA, ITS DIRECTORS, EMPLOYEES AND AGENTS FROM ANY LIABILITY FOR PERSONAL INJURY DUE TO WILLFUL DISREGARD ON THE PART OF MY CHILD TO FOLLOW SAFETY RULES AND REGUALTIONS. IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME. IF I CANNOT BE REACHED, I HEREBY GIVE CCA PERMISSION TO ACT ON MY BEHALF IN SEEKING EMERGENCY TREATMENT FOR MY CHILD. IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY BY CCA. I GIVE PERMISSION TO THOSE ADMINISTERING EMERGENCY TREATMENT TO DO SO, USING THOSE MEASURES DEEMED NECESSARY. I ABSOLVE CCA, ITS DIRECTORS, EMPLOYEES, AND AGENTS FROM LIABILITY IN ACTING ON MY BEHALF IN THIS REGARD. THIS CONSENT IS FOR THE 20____ - 20____ SCHOOL YEAR.

Parent/Guardian Signature: _____

Date: _____