

**Tri- L Christian Academy**  
**Student Medical Release Form: 2013-2014**

(Parent/Guardian must complete a form for each child)

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

Parent/Legal Guardian's Name \_\_\_\_\_

Parent/Legal Guardian's Cell \_\_\_\_\_ Work# \_\_\_\_\_

Parent/Legal Guardian's Email \_\_\_\_\_

Male  Female  Date of Birth \_\_\_\_\_ Grade

Name of Person to contact in case of an emergency: \_\_\_\_\_

Home /Work Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Allergies (including drugs): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special instructions or information: \_\_\_\_\_

\_\_\_\_\_

Family Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

**MEDICAL CARE AUTHORIZATION**

In case of an emergency Tri-L Christian Academy is authorized to take such measures and arrange for such medical and hospital treatment as they may deem advisable for my child's health and well being. I release Tri-L Christian Academy, the staff, and volunteers from claim or liability due to sickness or injury.

I accept all financial responsibilities concerning any medical emergency. I understand that this is a MEDICAL RELEASE FORM.

**RELEASE OF ALL CLAIMS**

I hereby release, discharge, indemnify, and agree to hold harmless Tri-L Christian Academy, its directors, officers, and employees, agents, and all volunteer personnel from any and all liability for personal injuries and/or damage(s), injury, or illness that may be suffered.

I further agree to indemnify and hold harmless Tri-L Christian Academy, its directors, officers, employees, agents, and all volunteer personnel for any claim and/or damages it or its agents are required to pay as a result of any injury or damage including reasonable attorney fees, litigation expenses, and court costs.

Printed name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_