

MEDICAL TREATMENT PERMISSION FORM

I, the undersigned, parent/legal guardian of (*print student*) _____, give Abundant Life Christian Academy permission to take my child on all ALCA sponsored trips including Camp Eagle related activities.

In case of an emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the administration of Abundant Life Christian Academy to secure proper treatment which may include admission to any emergency room, hospitalization, anesthesia, surgery, or injection of medication for my child. Authorization is given for the medical facility, as identified by supervising school official, to provide emergency treatment. I also authorize officials to secure the use of any ambulance, if necessary, for transporting my child to the hospital. I further agree to pay the hospital, doctors, and ambulance fees for all services rendered to the above named student. I request that this authorization remain in force as long as my child is a camper at Abundant Life Christian Academy, unless notified of a written change by me. I, the undersigned, hereby release and hold harmless Abundant Life Christian Academy, the principal or her designee, and Abundant Life Christian Centre from all liability due to mishap or injury to the student named herein from the time of departure to the time of return. In the event my child requires medical/surgical services which require my consent, and I cannot be reached, I hereby authorize, appoint, and empower the school designee to furnish, on my behalf, such written or oral authorization as may be required. It is understood that the best possible care will be given my child. I, the undersigned, hereby release indemnity and hold harmless Abundant Life Christian Academy and Abundant Life Christian Centre, its agents and employees, from any and all actions and claims for personal injury or damages of any kind resulting from the transportation of Abundant Life Christian Academy students by myself or in vehicles owned or leased by me, or from the transportation of my child to camp events and functions in vehicles owned or leased by Abundant Life Christian Academy whether caused in whole or part in by the negligence of Abundant Life Christian Academy, its agents or employees.

Phone numbers where I can be reached:

Mother: _____ Phone: _____

Father: _____ Phone: _____

Guardian: _____ Phone: _____

Insurance Information:

Physician's Name: _____ Phone: _____

Medical Conditions or Medication Information: _____

Health Insurance Carrier: _____ Phone: _____

Policy or Account Number: _____

Signatures:

Father and/or Mother: _____ Date: _____

Signature of Guardian (if applicable): _____ Date: _____

NOTARY PUBLIC: _____

My Commission Expires: _____