

Christian Fine Arts of Forsyth Medical Release Form

Student Information

Student name _____ Birthdate _____ Age ___ Grade ___
Address _____ Date of last tetanus shot _____
Mother's name _____ Work Phone _____
Cell Phone _____ Home Phone _____
Father's name _____ Work Phone _____
Cell Phone _____ Home Phone _____

In Case of Emergency Call:

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

Allergies, medicines or other information regarding student:

Medical Information

Doctor _____ Phone _____
Insured Parent Name _____
Insured Parent Employer _____
Insurance Company _____ Policy Number _____
Insurance Company Address _____ City _____
State _____ Zip _____ Phone Number _____

Please attach copy of Insurance Card

Christian Fine Arts of Forsyth Medical Release Form Signature Page

I understand that in the event of a medical emergency every effort will be made to contact the parent or guardian listed above. However, in the event that the above named parent or guardian cannot be reached, I hereby authorize the CFAF leaders or chaperones present on such trip, activity or event to select such physicians, nurses, medical authorities and or hospitals to administer proper treatment for my child and or to order and administer to him/her such injection, medication, anesthesia, surgery, hospitalization or such other medical practices as they deem necessary.

I am aware that my student will be given the choice to participate in activities that may be physically and emotionally demanding and where certain inherent risks and dangers may exist. I recognize that there is an element of risk in any adventure, sport, or activity. My student may be exposed to extraordinary physical hazards, weather conditions, or other unknown events. I have noted any and all conditions which may affect my students participation on this Medical Release Form. I do hereby assume all risks and agree to release and hold harmless Christian Fine Arts of Forsyth, Hedy Farley, Dawn Hayden, its representatives, assistants, employees and all related entities from any and all liability, loss or damage actions, claims and demands, which my student now has or which may arise from their participation in these activities. This shall serve as a release and assumption of risk for their heirs, executors, and all personal representatives.

I further stat that I have listed above all known allergies and health problems for my child and any other information pertinent to his/her health, including medications he/she takes. I am retaining a copy of this form for my files.

Parent/Guardian Signature _____ Date _____