



Consent Form

PERMISSION FOR MEDICAL TREATMENT,
PARTICIPATION IN ACTIVITIES,
TRAVEL, AND RELEASE FORM



Blodgett View Christian School

I/We the undersigned parent(s) or legal guardian(s) of _____
(minor "child hereby permit, consent and release as follows:

I. Consent to any needed emergency medical treatment as a result of accident or sickness. The teacher in charge, designated driver or any of their assistants acting at their direction shall have authority to obtain such emergency medical assistance for the child and transport the child as is necessary. Authority and permission to any x-ray examination, anesthetic, medical or surgical diagnoses or treatment and hospital service that may be rendered to the child is also granted to the medical care providers. I/We will be contacted as soon as reasonably possible regarding the medical emergency.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize medical personnel and school personnel to exercise their best judgment as to the requirements of such diagnosis or treatment.

The child is covered by health care insurance as follows:
Insurance Company Name: _____
Name of Policy Holder: _____
Policy Number _____

The child is not covered by health care insurance.

II. Field Trips

When parental notification has been provided I/we give permission for the child to participate in the following off-campus, board-approved school events including, but not limited to Traditional Field Trips taking place during normal school hours.

For the child to participate in off-campus, board approved trips that fall outside of normal school hours or trips not described in Section A, additional parental approval at the time of the field trip will be required.

I/We give permission for the child to be transported to and from the above-described school trips by school board approved drivers.

After receiving notification of the field trip and I do not wish for my child to participate in that trip, I will give written notification to the principal of my wishes.

IV. I voluntarily release, indemnify and hold harmless the Montana Conference of Seventh-day Adventists, and its employees, representatives, agents, and affiliates from any claims, actions, losses, damages or liabilities (including reasonable attorney fees), for myself and for any occurrences or actions which result in injury, illness, accident or harm of any kind, now or in the future, to the named child while participating in the above-referenced events or activities, and from any act or omission of negligence in rendering or failing to render any type of emergency or medical service.

By signing this form, I declare that I have read and understand the contents of this form and agree to all the terms and conditions herein.

I declare that I am the legal parent and/or guardian of the child listed above and that I am authorized to sign this document. The information I have provided is truthful and accurate to the best of my knowledge. If any provisions of this document should be invalid or unenforceable, the remaining provisions shall continue to be fully effective.

V. We hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to Adventist Risk Management, Inc. or its representative any and all information with respect to any illness, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photo static copy of this authorization shall be considered as effective and valid as the original.

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

Emergency Contact Information:

Name and Phone Numbers		
Mother:		
Home:	Cell:	Work:
Father:		
Home:	Cell:	Work:
Physician:		Phone
Other:		
Home:	Cell:	Work: