

## Roxboro Christian Academy

640 Wesleyan Heights Road ● P.O. Box 1357
Roxboro, North Carolina 27573
(336) 599-0208

Fax: (336) 599-0209

## Annual Field Trip Release/Emergency Medical Form 201\_\_ - 201\_\_ School Year

This form will be on file at the school office for the current school year.

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I give permission for school-sponsored trips away from the school predaccompanied by a teacher and will be under ade 48hours notice of all trips away from the school paspecific field trip by written notice hand delivered	quate supervision. I understand that I will I premises. I further understand that I may re	Students will be be given at least evoke permission for
Although the school desires to provide a safe and I/we understand that there are risks/dangers involutionativities. In consideration of my child being allow those ordinary and reasonable risks associated we Roxboro Christian Academy, its affiliated organization volunteer and other drivers, from any and all clair agreement does not apply to claims of intentional employees, or volunteers. If such circumstances the school can assume no financial liability beyond In case of an accident, illness, or other emergence	olved with participation in off-campus trips wed to participate in an event, I/we assume with the travel and activities. I/we agree to ations, employees, agents, and represent ms arising from my child's participation. The I (criminal) misconduct or gross negligence are proved in a court of law, I/we acknowled its actual liability insurance policy in force	and their associated a responsibility for hold harmless atives, including his release by the school, its edge and agree that ce.
cannot reach a parent/guardian after consciention paramedics or any licensed physician or dentist. school staff to immediately call paramedics and the authorize and consent to any x-ray examination, and hospital care that, in the best judgment of a late to assume the financial responsibility for expense also agree to be financially responsible for emergence	us effort, I/we give permission for school s If a life-threatening emergency exists, I/we hen contact me/us as soon as possible the anesthetic, medical, dental, or surgical dia icensed physician or dentist, is deemed ac es incurred as a result of those services be	taff to call e give permission for ereafter. I/we ignosis or treatment, dvisable. I/we agree
Father/Guardian's Signature Date	Mother's/Guardian Signature	Date
Name Printed/Phone #:	Name Printed Phone #:	
*If the child lives with both parents, the release must be signed by	both parents/guardians.	
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Member ID:		

<sup>\*</sup>This information will only be used when there is an emergency situation.