

<b>Medical and Liability Release Form</b> FOOTHILLS CHRISTIAN HIGH SCHOOL 2321 DRYDEN RD EL CAJON, CA 92020 619-303-8035 / 619-741-2648	NAME OF MINOR:		GRADE:	BIRTH DATE:
	ADDRESS:	CITY:	ZIP:	
	ACTIVITY:	TEACHER:	CLASS:	

**PARENT / GUARDIAN CONTACT INFORMATION**

FATHER'S NAME:	HOME PHONE:	WORK PHONE:	CELL PHONE:
MOTHER'S NAME:	HOME PHONE:	WORK PHONE:	CELL PHONE:
NAME OF INSURANCE COMPANY:	NAME OF INSURED:	POLICY NUMBER:	

**EMERGENCY CONTACT PERSON (if parent is not available)**

NAME:	HOME PHONE:	WORK PHONE:	CELL PHONE:
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**MEDICAL INFORMATION**

Does your student take any medications?

Please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your student have any medical conditions (surgeries, implants, allergies, asthma, etc.) that we need to be aware of?

Please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your student have permission to receive any of the following (please indicate for each item by initialing the adjacent line):

Tylenol \_\_\_\_\_ Advil \_\_\_\_\_

**TRAVEL INFORMATION**

DATE & TIME OF DEPARTURE: \_\_\_\_\_

DATE & TIME OF RETURN: \_\_\_\_\_

LOCATION OF TRAVEL: \_\_\_\_\_

MODE OF TRANSPORTATION: \_\_\_\_\_

The undersigned represents to Foothills Christian High School, that he/she is a natural parent or legal guardian of the above named minor child: and,

The undersigned does hereby consent to the above noted student taking part in the noted activity, with the full understanding that insofar as such activity might involve sporting activities, and mingling with other individuals and groups, that there is always the risk of injury, illness and loss, and possibly consequent expense for medical diagnostic and curative treatments, and incidental loss and expense: and, in behalf of such minor assume the risk of such expense and does hereby wholly release Foothills Christian High School from any responsibility or liability, and waives any claims or causes or action against it or its agents that might arise on account of loss, injury or expense occasioned by any sort of accident or other circumstance involving such child, and agrees to hold harmless Foothills Christian High School in event any such claim should arise; and,

The undersigned agrees to abide by the rules and regulations, supervision and discipline set and applied by Foothills Christian High School and its agents; and, does hereby authorize Foothills Christian High School or its staff members or other agents to arrange for and consent to x-rays, examinations, anesthetic, dental, medical or surgical diagnosis, and treatment; and hold harmless Foothills Christian High School. The undersigned will furnish payment or insurance for, and such payment, at his/her own expense.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_