

## St. Andrew's Academy Liability & Medical Release Form

I, the undersigned, parent or guardian of \_\_\_\_\_, a minor, do hereby authorize St. Andrew's Academy, as agents for the undersigned to consent to emergency medical care by a qualified physician in the event of injury or illness of my child. It is understood that said physician will render such medical treatment as deemed necessary in his/her best judgment and every effort will be made to contact the parent/guardian. It is also understood that I will reimburse St. Andrew's Academy for medical or other expenses incurred in the case of emergency treatment of my child. This form also gives permission to St. Andrew's Academy to transport my child on field trips and outdoor activities for the 20\_\_\_\_\_/20\_\_\_\_\_ school year. I hereby release St. Andrew's Academy from all liability.

Doctor \_\_\_\_\_ Dr.'sPhone \_\_\_\_\_

Health Ins. \_\_\_\_\_ Policy Number \_\_\_\_\_

Allergies \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(Both parents must sign)

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell/Other \_\_\_\_\_

Who should we call if we can't reach you? \_\_\_\_\_ Phone \_\_\_\_\_