



Classical School of Wichita

Student Participation and Medical Release 2014-2015

Name of Child (please print) _____

DOB _____ Age _____ Grade _____ Male/Female _____

Parent(s) and/or legal guardian(s) _____

Address _____

Home Phone _____

Father's Work Phone _____

Mother's Work Phone _____

Father's Cell Phone _____

Mother's Cell Phone _____

Functions and Activities

It is my understanding that participating in the programs and recreational and other activities of Classical School of Wichita (CSW) is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release CSW and its teachers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitations) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives or assigns may have against CSW or its teachers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless CSW and its teachers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment

In the event of an emergency medical situation involving my child—and an inability by the CSW administrative staff or activity sponsor to make immediate and/or crucial voice contact with me—I realize the need may exist for medical, dental, or surgical care to be administered apart from immediate involvement. In such case, this document bearing my signature—when presented to a licensed physician or appropriate hospital or medical representative—gives my permission for a licensed physician or emergency treatment center to immediately administer the necessary attention and aid my child requires, without having to wait until I am contacted. I understand the staff or faculty at CSW will make repeated efforts to contact me as soon as possible. In such an emergency event, it is my intent that CSW administrative staff or activity sponsors act in my stead in making such decisions. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

Events and Field Trips

I understand that the child named above will participate in school events during the school year.

Emergency Contacts

Names of persons and telephone numbers to call in case of emergency:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Health Insurance Information

Insurance Company _____ Insured ID _____

Group No. and/or Policy No. _____

Insurance Company Phone No. _____

Medical Doctor _____ Phone No. _____

Dentist _____ Phone No. _____

Preferred Hospital _____

Swimming Ability: (Check box that applies)

Non-Swimmer

Beginner (capable of swimming for several minutes in deep water)

Moderate (capable of swimming several lengths of pool)

Advanced (capable of swimming long distances)

Medical History

- Allergies: _____
- Known Medical Conditions: _____
- Current Medications: _____

Other information

Other information leaders should know about the child or adult participant: _____

For Use Only if the Participant is a Minor

I represent that I am the parent/guardian of _____ who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof. I give permission of the child named above to participate in the activities of CSW, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of CSW I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian _____ Date _____

Print Name of Parent or Legal Guardian

Witness Signature _____

Note: Form has to be notarized if the event is overseas.