

FLINT HILLS CHRISTIAN SCHOOL
3905 GREEN VALLEY RD.
MANHATTAN, KS 66502

(785) 776-2223

**GENERAL WAIVER FOR ACTIVITIES, FIELD TRIPS, AND
EMERGENCY MEDICAL TREATMENT**

Name of Child _____ Age: _____ Grade: _____

Home Address _____ Phone: _____

I give permission for my child to take part in all school activities, including sports and school sponsored trips away from the school premises.

I agree and do hereby release and discharge any teacher, employee, or other persons engaged in the activity from all claims, present and future, known or unknown, in any manner arising out of the activity. I further understand and agree that this release shall hold any teacher, employee, or other person engaged in the activity, harmless from any and all liability relating to my child for any and all personal injury or illness that may be suffered by my child, and further, I agree to hold them harmless from any loss of property by my child that may occur during the activity.

I hereby authorize the FLINT HILLS CHRISTIAN SCHOOL to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical and surgical care, in case I am not immediately available. Any qualified physician, called by FLINT HILLS CHRISTIAN SCHOOL may treat and do whatever is necessary for the health and well being of my child.

It is understood that a conscientious effort must be made to notify me (parent or guardian) before such action will be taken.

Health Insurance Company and Policy Number _____

Physician's Name _____ **Phone** _____

Address _____ **City** _____

Mother _____ **Business Phone** _____

Employed by _____

Father _____ **Business Phone** _____

Employed by _____

Neighbor or Relative _____ **Phone** _____

Signature of Parents:

MOTHER

Date: _____

FATHER