

FLINT HILLS CHRISTIAN SCHOOL
3905 GREEN VALLEY RD.
MANHATTAN, KS 66502/ (785) 776-2223

GENERAL ACTIVITY WAIVER AND EMERGENCY MEDICAL TREATMENT FATHER-DAUGHTER DANCE PARTICIPATION FORM

*Parents, simply fill out this form then turn it into the Flint Hills Christian School office or email to
jlrighter@gmail.com*

Parent(s) Name: _____

Home Address: _____

Primary Phone number: _____ Email: _____

Secondary Phone Number: _____ Email: _____

Name of adult that will be attending dance (if different than above): _____

The attending adult's relationship to the child (if not her father): _____

Children Attending:

Name: _____ Age: _____ Grade: _____ Does the child attend FHCS? _____

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****DO ANY OF THE PARTICIPANTS HAVE ANY KNOWN ALLERGIES? YES/NO**

IF YES, PLEASE LIST CHILD'S NAME AND WHAT THEY ARE ALLERGIC TO (FOOD AND/OR OTHER):

Alternate Emergency Contact if parents' are unable to be reached: _____

Physician's Name: _____ Phone Number: _____

I give permission for my child(ren), as named above, to attend and take part in all activities during the FLINT HILLS CHRISTIAN SCHOOL FATHER-DAUGHTER DANCE event.

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 and 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 related 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 before such action will be taken.

Parent Signature: _____ Date: _____