



# White Oak Christian Academy & Center

## Medical and Liability Release Form



Minor Name	Allergies, Medications and Health Information	Tetanus Shot

Place additional children and/or information on the reverse of this form and initial here: \_\_\_\_\_

### **Authorization of Consent for Treatment of Minor(s)**

I, the undersigned parent or guardian of the above minors, do hereby authorize any duly authorized employee, volunteer or other representative of White Oak Christian Academy and Center, as agent(s) for the undersigned, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of, any licensed physician and surgeon, whether such diagnosis or treatment is rendered at the office of said physician and surgeon or at a clinic, hospital or other medical facility.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis treatment or hospital care which the aforementioned physician in the exercise of his or her best judgement may deem advisable.

### **Liability Release Form**

I, the undersigned, on behalf of my myself and the minors listed above, shall indemnify, hold free and harmless, assume liability for and defend White Oak Christian Academy and Center, its agents, servants, employees, officers, and directors from any and all costs and expenses, including but not limited to attorney's fees, reasonable investigative and discovery costs, court costs and all other sums, which White Oak Christian Academy and Center, its agents, servants, employees, officers and directors may pay or become obligated to pay on account of any, all and every demand for, claim or assertion or liability, or any claim or action founded therein, arising or alleged to have arisen out of the minors listed above use of real or personal property belonging to White Oak Christian Academy and Center or any real or personal property belonging to our various rental locations, as well as its agents, servants, employees, officers, and directors, or by reason of these minor's participation in any White Oak Christian Academy and Center activity(ies). A xerox copy of this Medical and Liability Release Form shall act as an original.

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(Parent or Legal Guardian Signature) (Date Signed)

Parent/Guardian Name (printed): \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_