

# EMERGENCY MEDICAL FORM

Vidalia Heritage Academy  
101 East First St. /P.O. Box 2005  
Vidalia, GA 30475  
912-537-6679

*This form will be on file at the school office for the current school year. An additional Permission to Participate form will be sent home prior to each off-campus trip.*

I give my permission for \_\_\_\_\_, grade(s) \_\_\_\_\_, Date of Birth \_\_\_\_\_, Social Security Number \_\_\_\_\_, to participate in all sports and school-sponsored trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least 48 hours notice of all trips away from the school premises. I further understand that I may revoke permission for a specific field trip by written notice hand delivered to the principal more than one day prior to the trip.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Vidalia Heritage Academy, its affiliated organizations, employees, agents, and representative, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to immediately call paramedics and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

\_\_\_\_\_  
Father/Guardian's Signature-----Date

\_\_\_\_\_  
Mother/Guardian's Signature-----Date

Name Printed: \_\_\_\_\_

Name Printed: \_\_\_\_\_

**If the child lives with both parents, the release must be signed by both parents/guardians.**

**Physical Address** \_\_\_\_\_

**Please fill out medical information on back**

## Medical Information

Father's Name \_\_\_\_\_  
Last First Middle Employer Work Phone Cell Phone

Mother's Name \_\_\_\_\_  
Last First Middle Employer Work Phone Cell Phone

Listed below are three people who will be responsible in case of an emergency when I cannot be reached.

(1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number (s) \_\_\_\_\_

(2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number (s) \_\_\_\_\_

(3) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number(s) \_\_\_\_\_

List any medication taken

regularly: \_\_\_\_\_

List any:

Hospitalization: \_\_\_\_\_

Operations: \_\_\_\_\_

Other serious illness: \_\_\_\_\_

\_\_\_\_\_

List any allergies (Food/Environmental) or physical problems that we need to be aware of:

\_\_\_\_\_

\_\_\_\_\_

In case of allergic reaction, requirements for treatment

\_\_\_\_\_

\_\_\_\_\_

Name of Physician & phone # to contact in case of allergic reaction/emergency

\_\_\_\_\_