

Medical Consent/Authorization and Release

I, _____, am the parent or legal guardian of _____
Name of Parent/Guardian Name of Minor

_____ (hereinafter "my child"), and I designate and appoint Whitefield Academy and its validly identified administrative staff, faculty and volunteers to be my agent for healthcare decisions, after reasonable efforts to contact me have been exhausted under the circumstances, pursuant to the language below:

- Administer basic first-aid and make decisions regarding medical transport;
- Consent, refuse consent or withdraw consent to any care, treatment, service or procedure to maintain, diagnose or treat a medical or physical condition, including but not limited to x-rays, anesthesia and surgery;
- Make any and all necessary arrangements at any hospital or similar institution;
- To employ or discharge health care personnel to include physicians, nurses, dentists, surgeons, therapists or any other person who is licensed, certified or otherwise authorized or permitted by law to administer health care;
- Request, receive and review any information, verbal or written, regarding any personal affairs of physical health, including medical and hospital records and to execute any releases of other documents that may be required in order to obtain such information;
- Should there be no representative from Whitefield Academy available, I give permission to medical personnel and the attending physician to treat my child;
- I further understand the doctors, dentists and other providers attending to my child will take all reasonable safety precautions during their care.

In the event such care is necessary, I agree to hold harmless and indemnify Whitefield Academy, its officers, directors, employees, volunteers, agents, successors and assigns from liability for their actions and/or decision not to act to administer medical care on behalf of my child.

The powers of the agent herein is limited to the extent set out in writing in this release. This medical consent is limited to the treatment of medical injuries or illnesses occurring during a school day or an official school activity, including travel related to field trips, mission trips, co-curricular activities, athletic events and similar events. This medical consent is effective during enrollment at Whitefield Academy. This medical consent may be revoked either (1) by an instrument in writing executed, witnessed or acknowledged in the same manner as required herein and delivered to an authorized agent of Whitefield Academy, or (2) upon the withdrawal of the student from Whitefield Academy.

As parent or legal guardian, I am responsible for the health care decisions for my child and am authorized to consent for such services to be rendered. I am fully responsible for all charges related to any and all medical care provided to my child, and I agree that my insurance plan is the primary plan to pay for the dental, medical or hospital care or treatment that is given to my child. Any policy of Whitefield Academy or organization sponsoring the event will be used as the secondary coverage

Discipline Consent

The rules for participation in the activities of Whitefield Academy are designed to ensure the safety and well-being of each participant. Enforcement of these rules is the responsibility of Whitefield Academy staff, group leaders and volunteers in charge of the activity. Rule enforcement will occur in a manner consistent with the discipline policies of Whitefield and the stated purpose of the activity. As parent or legal guardian, you agree to support discipline decisions made during the course of an activity, including the right to send a participant home at any time with all travel costs to be the responsibility of parent/legal guardian.

Parent/ Legal Guardian Statement

I am the parent with legal custody or legal guardian of the minor child listed on this form. I am of legal age and legally competent to sign this Consent and Release. I have fully informed myself of the contents of this Consent and Release by reading it before I signed it. I have had the opportunity to consult with legal counsel regarding the effects and legal consequences of signing this agreement if I so desire. I sign this agreement as my own free act.

THIS DOCUMENT MUST BE NOTARIZED IN ORDER TO BE VALID – do not sign until in presence of notary

Signature of parent/guardian: _____ Date: _____

STATE OF: _____ (seal)

COUNTY OF: _____

Signed or attested before me on: _____, 20 _____

My commission expires: _____

Signature of Notary: _____