



Admissions Office
 8929 Holmes Rd
 Kansas City, MO 64131
 816-444-3567
 Fax: 816-822-8405

Standard Consent and Release

It is the goal of Whitefield Academy to create a safe and secure environment related to participation in school activities. This form is to be used as a consent form for participation of students in all school activities. All activities are subject to Whitefield's Policies and Procedures. Completed forms for every student must be submitted to the school office prior to enrollment.

Student Information

Student's Full Legal Name: _____
Last First Middle

Date of birth: _____ Age: _____ Sex: _____ Grade: _____

Address: _____ Daytime phone: _____

City/State: _____ Zip: _____ Evening phone: _____

Parent e-mail: _____ Cell phone: _____

Medical Information

Allergies: _____

Medical conditions/limitations: _____

Medical insurance company: _____ Member's name: _____

Policy #: _____ Group #: _____

Please list any medications your child is currently taking:

<u>Medication</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Schedule</u>	<u>Condition</u>	<u>Comments</u>

Students (Grade 6 and under) – I will provide prescribed medications and a copy of instructions for taking those medications to the school office or group leader for off-site activities.

Students (7th grade and up) – I understand my child will carry and be responsible for taking any prescribed medications during the school day or during off-site activities.

I consent [] or do not consent [] to allowing my child to take over the counter medications (Tylenol, Roloids, etc.) at my child's request or upon complaint of related symptoms (headache, upset stomach, cold, etc.).

General Consent and Release

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

_____ (hereinafter "my child"), and I am informed of the school activities in which they will be participating, including any inherent dangers of participation, which is sponsored by Whitefield Academy and hereby give my consent for my child to participate fully in school activities. I further give my permission for my child to be transported in any vehicle designated by the adults in charge of school activities. I will allow my child to be photographed or videotaped for public relations, marketing or similar purposes. I request that my child be excluded from the following activities: _____

I understand that the leaders of this activity will take all reasonable safety precautions, and that the possibility of an unforeseen hazard does exist. I release, forever discharge, waive and agree to hold harmless Whitefield Academy, its officers, directors, employees, volunteers, agents, successors and assigns from responsibility and any and all liability, claims or causes of action by my child or any other person or entity, or demands for any property or personal damages or losses, including those caused by theft, diseases, illnesses, injuries, death or any other circumstance incurred by the minor listed on this form during school activities. I further agree to hold harmless and indemnify Whitefield Academy, its officers, directors, employees, volunteers, agents, successors and assigns for any liability sustained or expenses incurred attendant thereto by acts of the minor listed on this form during school activities.

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: _____