

Student Information

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's Full Legal N	ame: Last		First	Middle		
Data of hirth:		Ago:				
Date of birth:						
Address:				Daytime phone:		
City/State:			:	Evening phone:		
Parent e-mail:				Cell phone:		
Medical Information						
Allergies:						
Medical conditions/limit						
Medical insurance company: Memb			er's name:			
Policy #:		Group #:_				
Please list any medica	tions your child is cu	rrently taking:				
<u>Medication</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Schedule</u>	<u>Condition</u>	<u>Comments</u>	
school office or group	leader for off-site act	ivities.		of instructions for taking th		
school day or during o		id my child will carry	and be responsible	for taking any prescribed	medications during the	
I consent [] or do request or upon compl				r medications (Tylenol, Rol	laids, etc.) at my child's	
General Consent and	l Release					
, am the parent or legal guardian of						
Name of Parent/Gua	ardian			Name of Min	or	
for my child to particip by the adults in charg	any inherent dange ate fully in school ac e of school activities	ers of participation, whativities. I further give s. I will allow my chi	nich is sponsored by my permission for my ld to be photographe	ned of the school activities Whitefield Academy and h y child to be transported in d or videotaped for public	nereby give my consent any vehicle designated relations, marketing of	

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.

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Medical Consent/Authorization and Release

I,			, am the p	arent or legal	guardian of			
Name of Pare	ent/Guardian			· ·		Name of N	linor	
		(hereinafter "my	child"), and	I designate a	and appoint	Whitefield	Academy a	ınd it's
validly identified	administrative staff, faculty	and volunteers	to be my age	ent for healtho	care decisio	ns, after rea	asonable eff	orts to
contact me have	been exhausted under the	circumstances,	pursuant to th	ne language b	elow:			

- 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	<u> </u>	
My commission expires:		_	
Signature of Notary:			

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