

**MINOR PERMISSION SLIP/VERIFICATION OF EMERGENCY TREATMENT AUTHORIZATION  
AND MEDICAL RELEASE**

*HILLCREST CHRISTIAN SCHOOL  
A California Nonprofit Corporation  
17531 Rinaldi Street, Granada Hills, California 91344  
(818) 368-7071*

**School official (Teacher) contact:** \_\_\_\_\_

**Activity/Place to be visited:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address/Phone** \_\_\_\_\_

**Class will leave school at** \_\_\_\_\_ **Please pick up your child in the parking lot at** \_\_\_\_\_

**Cost of Field Trip** \_\_\_\_\_ **Due on** \_\_\_\_\_ **Transportation being used** \_\_\_\_\_

**Special Instructions** \_\_\_\_\_

**Sponsor:** Hillcrest Christian School, a California nonprofit corporation and its officers, directors, trustees, employees, agents, volunteer workers, promoters, and affiliates.

**Name of Minor:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

**Parents or Legal Guardian:**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Daytime Phones: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Mother's Work Father's Work

**Permission and Release:** I represent that I am a parent or guardian having legal custody or the legal guardian of the above minor child. I give my permission for my child to participate in the activity described above, which may include transportation and supervision by volunteers and staff. In consideration for my child's participation in this activity, I hereby, on behalf of my child, myself, our heirs, assigns and personal representatives, waive, release and forever discharge the Sponsor from any and all claims, including but not limited to claims for bodily injury, property damage, or death arising directly or indirectly from my child's participation in the activity, including injuries or losses caused by the ordinary negligence of Sponsor and the ordinary negligence, gross negligence and willful misconduct of third persons including other participants in the activity, and further agree not to sue Sponsor with respect to any claim for bodily injury, property damage, or death as a result of my child's participation in the activity.

I, on behalf of my child, myself, our heirs, assigns, and personal representatives state that I am aware of the risks as associated with the activity and, assume full responsibility for the risk of bodily injury, property damage, or death to my child while engaged in the activity due to the ordinary negligence of Sponsor and the ordinary negligence, gross negligence, or willful misconduct of any third party including others participating in the activity.

I, on behalf of my child, myself, our heirs, assigns, and personal representative, agree to indemnify, defend and hold harmless, at my sole cost, the Sponsor from any and all claims arising out of my child's participation in the activity.

Any provision or portion of this Minor Permission Slip/Verification of Emergency Treatment Authorization and Medical Release found to be invalid by a court having jurisdiction shall be invalid only with respect to such provision or portion thereof, and then only to the extent necessary to avoid such invalidity. The offending provision or portion shall be modified to the maximum extent possible to confer upon the parties the benefits intended thereby. The provision or portion as modified and the remaining provisions or portions hereof shall be construed and enforced to the same extent as if such offending provision or portion thereof had not been contained herein, to the maximum extent possible.

**PLEASE COMPLETE ADDITIONAL INFORMATION ON BACK**

**All information must be completed and submitted with applicable fees by the due date or this form will not be accepted.**

**Emergency Treatment Authorization and Medical Release:** I affirmatively state that my child is in good health and has no known physical or mental conditions which would impair or restrict his/her participation in the activity.

I/We further represent that I maintain private health and/or accident insurance or HMO coverage sufficient to cover bodily injury and/or damage resulting from my child's participation in this activity.

I/We, the undersigned, parent(s) or guardian(s) of \_\_\_\_\_, grade \_\_\_\_\_ (minor), do hereby agree and authorize:

(a) In the event my child suffers sudden illness, accident, or injury, I/we give permission and authorize Hillcrest Christian School, its agents, and representatives, to provide emergency aid and to provide or authorize such emergency transport and medical treatment that is deemed necessary by a paramedic, emergency medical technician, physician, or dentist (health professional). In the event hospital treatment is deemed advisable by the health professional, and the sponsor is unable to reach the parents or legal guardian or the emergency contact listed below, I/we authorize the hospital or urgent care facility most accessible at the time of accident or during the illness to administer any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital or temporary emergency care which is deemed advisable. Emergency care may be rendered under the general and special supervision of any physician and surgeon on the medical staff of said hospital or emergency care facility, whether such diagnosis or treatment is rendered at the hospital or emergency medical facility or at the office of the physician;

(b) 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 HILLCREST CHRISTIAN SCHOOL, its agents and employees, to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned health professional in the exercise of his/her best judgment, may deem advisable.

**HEALTH RECORD**

Date of last Tetanus Shot \_\_\_\_\_

Any activity restriction? \_\_\_\_\_ Explain \_\_\_\_\_

Check if your child has had the following and give details below: \_\_\_\_\_ Heart Trouble \_\_\_\_\_ Diabetes \_\_\_\_\_ Asthma  
\_\_\_\_\_ Epilepsy/Seizures \_\_\_\_\_ Allergies \_\_\_\_\_ Other (List) \_\_\_\_\_

My child is allergic to the following medication, bee stings, or has other allergic reactions. \_\_\_\_\_

My child takes the following medication on a daily basis. \_\_\_\_\_ What Kind? \_\_\_\_\_ How Much? \_\_\_\_\_  
How Often? \_\_\_\_\_

When students are off campus, Hillcrest Christian School is not responsible to distribute any medication.

Student's Physician - Health Care Organization: \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Company/HMO: \_\_\_\_\_ Phone \_\_\_\_\_

Child's Medical Record Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Mediation/Arbitration:** I/we further agree that any claim or dispute arising from or related to this Minor Permission Slip and Medical Release shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the Mediation and Arbitration of Disputes Agreement as set forth in the Parent-Student Handbook and in the Parental Contract which is incorporated herein by reference and was delivered to you with your signed copy of the Parental Contract. I/we agree that this Mediation and Arbitration of Disputes Agreement shall provide the sole remedy for any dispute arising between me/us, my/our children, and the school or its employees or agents and do hereby waive, on behalf of myself/ourselves and my/our children, the right to file any legal action against the school or its employees or agents in a civil court or agency, except to enforce an arbitration decision.

Print Name \_\_\_\_\_ Relationship to Minor \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Relationship to Minor \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_