

AMBASSADOR BAPTIST ACADEMY
Field Trip Release / Authorization to Treat a Minor

I give my permission for my child(ren), whose name is set forth below to take part in all activities associated with Ambassador Baptist Academy. I 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 these events, I assume responsibility for those ordinary and reasonable risks associated with travel and activities. I agree to indemnify and hold harmless Ambassador Baptist Academy, its employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation.

In case of an accident, illness, or other emergency, I request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I give permission for school staff to call paramedics immediately and then contact me as soon as possible thereafter. I authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care, which, in the judgment of a licensed physician or dentist, is deemed advisable. I agree to assume the financial responsibility for expenses, including emergency transportation, incurred as a result of those services being provided.

Parent/Guardian Signature _____ Date _____

List children's names and grades

_____	_____	_____
	Physician's Name	Phone

_____	_____	
	Insurance Provider	
_____	_____	
	Insurance Number	

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