

Spirit Academy
1372 Irvine Blvd.
Tustin, CA 92780
(714) 731-2630

**PERMISSION SLIP
MEDICAL RELEASE FORM**

I give permission for my child, _____, a minor, to accompany Spirit Academy on the proposed field trip to _____, on _____ 20____.
(month / date) (year)

In the event my child becomes ill or sustains an injury while in the care of, or under the supervision of Spirit Academy, any of its teachers or authorized parents are given permission to administer first aid for the child's relief.

I also do hereby consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to the above minor under the general or specific instructions of a licensed medical doctor, whether such diagnosis or treatment is rendered at the doctor's office or at a licensed hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given in order that said physician may have the opportunity to protect the life and health of said minor child. Such consent is given only in the event of an emergency and after an attempt has been made to contact the undersigned.

Furthermore, I/we, the said parents or guardian of said minor child do hereby agree to indemnify and hold forever harmless the said Spirit Academy against loss from any and all claims, demands, or actions in law or in equity that may hereafter be made or brought by the said minor or anyone on behalf of said minor for the purpose of enforcing a claim for damages on account of any injury incurred in consequence of an accident that may be sustained by said minor during said event.

(Medical Insurance Co.)

(Date)

(Policy Number)

(Parent/Guardian Signature)

(Special Instructions)

(Phone #)

(Alternate Phone #)