

**FAITH ACADEMY OF MARBLE FALLS
RELEASE FORM**

I, the parent/guardian of the named student, a minor, agree that the student and I will abide by the rules of Faith Academy, its affiliated organizations, sponsors, and coaches. Recognizing the possibility of physical injury associated with various activities and in consideration for Faith Academy of Marble Falls, accepting the student for its participation in school activities. I hereby release, discharge and/or otherwise indemnify Faith Academy of Marble Falls, its affiliated organization, sponsors, their employees and associated personnel, including the board members, owners of the fields, facilities utilized for the activities, against any claim or on behalf of the student as a result of the student's participation in the activities and/or being transported to or from the same, which transportation I hereby authorize.

CONSENT FOR MEDICAL TREATMENT FORM

As the parent or legal guardian for the student participating in activities with Faith Academy of Marble Falls, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of Medicine or doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

MEDICAL INFORMATION

Person to Notify in **Event of Emergency:** _____

Relationship to You: _____ Best Contact Phone: (____) _____

Family Physician: _____ Phone: (____) _____

Medications you take for current medical condition (asthma, allergies, etc.) _____

Medications you take occasionally (headaches, etc.) _____

Do you plan to bring these or any other medications with you? YES NO

Other Health Concerns? YES NO

If YES to any of the above, please describe: _____

Special Diet? _____ Date of last Tetanus Shot? _____

Allergies: Food? _____ Drugs? _____ Insect Stings/Bites? _____

Other? _____

EXCESS INSURANCE COVERAGE

I understand that I am responsible for providing primary health and/or injury insurance for my student that is participating in any Faith Academy of Marble Falls program. I am also aware that Faith Academy only provides a limited excess insurance coverage for my student.

Name _____
Name of Participating Student

Name _____ Date _____
Signature of Parent or Guardian