

AUTHORIZATION FOR EMERGENCY TREATMENT

I hereby authorize The San Antonio Country Day School's staff and other authorized personnel to take _____ to a duly licensed health care facility in the event of an

(Child's Name)

emergency in which neither parent can be reached. I hereby give my consent only for emergency medical and/or surgical treatment needed to stabilize my child's condition.

(Parents' Preference of Health Care Facility)

(Address of Preferred Health Care Facility)

(Name, Address, and Phone Number of Child's Doctor)

In the event that time does not allow taking my child to the above designated health care facility or for contacting my child's designated doctor, I authorize the child to be taken to the nearest appropriate licensed health care facility and care to be administered by a licensed physician there.

FIELD TRIP AUTHORIZATION

I hereby authorize The San Antonio Country Day School to include my child in planned excursions away from school under the careful supervision of authorized personnel.

I will not hold The San Antonio Country Day School nor any authorized worker or designated driver liable for any accident that might happen to my child while participating in these planned field trips or while enroute to or from the school.

Consent, Release, Indemnity – I, the Parent/Guardian of the above named student hereby consent to student's participation in the event or trip described above. In consideration of The San Antonio Country Day School giving student the opportunity to participate in this event or trip, I agree that, in the event of any accident causing injury or damage to the person or property of the student that may relate to, arise out of, or in any way concern this event or trip, I WILL HOLD HARMLESS AND WILL UNCONDITIONALLY INDEMNIFY THE SAN ANTONIO COUNTRY DAY SCHOOL AND ITS AGENTS AND EMPLOYEES AGAINST ALL CLAIMS, CAUSES OF ACTION AND DAMAGES FOR WHICH THE SCHOOL MAY BECOME LIABLE BY REASON OF SUCH INJURY OR DAMAGE, WHETHER BROUGHT BY THE STUDENT OR BY ANY PERSON HAVING A LEGAL INTEREST IN THE PROPERTY OR PERSON OF THE STUDENT. I understand that this release of claims and indemnity APPLIES TO ACCIDENTS, DAMAGES, OR INJURIES CAUSED EITHER IN WHOLE OR IN PART BY ANY NEGLIGENT ACT OR OMISSION OF THE SCHOOL, ITS OFFICERS, EMPLOYEES, REPRESENTATIVES OR AGENTS.

I agree that should my son/daughter not abide by all the school rules, he/she may be sent home at my personal expense and no refund of the trip fee will be made.

I have read this Field Trip Authorization and understand its terms. I execute it voluntarily and with full knowledge of its meaning and effect. The signatures below authorize the above emergency treatment and child's field trip participation.

(Signatures of Both Parents)

(Date)