

**EPISCOPAL HIGH SCHOOL
CONSENT FOR EMERGENCY HEALTH CARE
HOLD HARMLESS STATEMENT**

Student _____
Last Name First Name Grade Birth Date

Address _____ Home Phone _____

Parent or Legal Guardian _____ Home Phone _____

Parent or Legal Guardian Cell Phone _____ Work Phone _____

Emergency Contact _____ Home Phone _____

Emergency Contact Work Phone _____ Cell Phone _____

Insurance Company _____ Type of Coverage _____

Policy Number _____ Expiration Date _____

Preferred Physician _____ Phone _____

Preferred Hospital _____

Allergies, if any _____

From _____ through _____

for _____, I authorize Episcopal High School chaperones, or any of them acting alone, to engage such professional medical care or hospital laboratory services as may appear to be necessary or desirable for the protection of the health or life of my minor child, named above. Any person rendering health care pursuant to this authorization shall be entitled to treat consents given by the aforesaid individuals in the same manner as if given by the undersigned, and I agree to be responsible for any charges incurred in the rendition of such care and treatment.

On the above trip, I the undersigned parent or legal guardian of the minor child named above, do hereby hold Episcopal High School and trip chaperones harmless from, and release all from liability claims or causes of action for any injury suffered by the above named child while on this trip.

Signature of Parent of Guardian Date

I agree to abide by the rules and regulations and the Episcopal Code while on the above trip.

Signature of Student Date