

School Year Transportation Release

I give permission for _____ to travel by school bus or
(student name)

school van or private vehicle driven by coaches or parents to all HCS away games during the 2010-2011 school year. The team will depart from school at the time posted on the HCS website. If I do not attend an away game, I understand that my child will travel back to HCS on the school bus or school van (if one is provided) or private vehicle. Careful adult supervision will be given to the students to and from away games. In the event of a vehicular accident involving my child going to or returning from an athletic event, I will not hold Harrisburg Christian School or designees of the school liable in any way.

Signature of parent or guardian _____

Date _____

Medical Emergency Authorization Form

In the event of an emergency, contact

_____, or
(Name and phone number)

(Name and phone number)

I, _____, the parent or guardian of

_____ consent for an emergency medical care provider to administer any emergency medical care deemed advisable to the welfare of the herein named student while the student is practicing for or participating in Inter-School Practices, Scrimmages, and/or Contests. Further, this authorization permits, if reasonable efforts to contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultation, to order injections, anesthesia (local, general, or both) or surgery for the herein named student. I hereby agree to pay for physicians' and/or surgeons' fees, hospital charges, and related expenses for such emergency medical care. I understand that efforts to contact me will be made by the school administration or athletic director of Harrisburg Christian School, or a member of the coaching staff prior to emergency medical care being given to my child. I agree to this care being given anytime from July 1, 2010 to May 31, 2011.

Parent's/Guardian's Signature _____

Date _____

Please note any special medical conditions or concerns of your child:

