

# SAGE ACADEMY

Students Achieving Greatness in Education

## Emergency Contact & Release Form 20\_\_ - 20\_\_

Student's name: \_\_\_\_\_ Current Age: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please list any allergies/health concerns your child may have. Please also state severity (minor/major):

If any major allergies/health concerns listed, would school personnel need to become involved? If yes, how? (ie. An epi-pen)

Is your child currently taking any medications? Please list any and their purpose:

Additional Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Any other health information the school should be aware of?

The undersigned parent/guardian of \_\_\_\_\_, a minor, declare that he/she is allowed to participate in on-campus activities and off-campus field trips as part of the school/camp curriculum. I acknowledge that such activities may carry inherent risks. I recognize and accept on behalf of my child these risks and give permissions for his/her participation in full awareness of the risks entailed. I agree that (DBA) SAGE Academy shall in no manner be liable for any accident or injury in which my child may sustain in conjunction with any school activity. I hereby release SAGE Academy and staff, from liability for any and all accidents which may occur while undertaking these field trips or on-campus activities. I may revoke this agreement at any time in writing.

The undersigned parent/guardian of \_\_\_\_\_, a minor, authorize SAGE Academy, as an agent(s) to consent to any Xray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician or surgeon, whether in their office or licensed hospital. This authorization is given in advance of any required care to empower the agent(s) to give consent for such treatment as the physician may deem advisable. This authorization shall remain effective indefinitely unless revoked in writing.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Witness: