



Allegiant Christian School

Medical and Liability Release Form

Family Name: _____

Attendee's Name	Age at Prom	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address: _____ City: _____ Zip: _____

Phones: Home: _____ Mom Cell: _____
Dad Cell: _____ Student's: _____

Email Address: _____

Family Doctor: _____ Phone: _____

Insurance Carrier: _____ Policy #: _____
(Please attach a copy of insurance card)

Allergies? Yes No Medical Condition? Yes No
(If yes to either question, please list child's name, allergy or condition and medication taking)

This release is effective upon receipt and is necessary for the above named individual to attend Allegiant Christian School.

I fully understand that my child(ren) is/are to abide by all rules and regulations governing conduct during any and all Allegiant Christian School participation. It is understood that any child determined to be in violation of these behavior standards may be restricted from Allegiant Christian School's activities and asked to leave.

I understand and acknowledge that by consenting to allow my child(ren) to enroll in Allegiant Christian School, I shall by law, be deemed to have given up all claims against Allegiant Christian School, all locations and each of its overseers, staff, and/or volunteers for any injury, accident, illness or death occurring during or by reason of any event function. I agree to release Allegiant Christian School, its overseers, staff and/or volunteers and all locations of any responsibility for damage to or loss of any child's property occurring during or by reason of any event function.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, and anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child(ren). It is understood that the resulting expense will be the responsibility of the parent(s), guardian(s), or participant. Whenever possible, attempts will be made to contact the parent/guardian prior to taking any medical action.

Parent/Guardian: _____ Date: _____