



Education for a Higher Purpose

AUTHORIZATION FOR TREATMENT AND FIELD TRIPS

The undersigned, being the parent(s) or legal guardian(s) of _____, a minor, born on _____ request and authorize Rhea County Academy, its teachers, instructional assistants, staff, adult volunteers, and agents thereof, (1) to obtain medical or dental care for the aforementioned minor child, when, (a) in the judgment of said teachers, assistants, staff, volunteers or agents, such treatment is necessary for the minor child and (b) attempt(s) to reach me (us) have failed or in the judgment of said teachers, assistants, staff, volunteers or agents, the need for treatment is so immediate that there is not time to make such attempt(s), and (2) to authorize any x-ray examinations, anesthetic, diagnosis, medical, dental or surgical treatment, or hospital or clinic service that may be required by said minor in the estimation of a physician, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital. It is understood that this authorization is given in advance of any specific diagnosis or required treatment and is given to encourage said hospital and said physician to exercise their best judgment as to the requirements of such diagnosis and treatment in those instances when a parent or guardian of the minor is unavailable to provide consent to treatment.

In addition, I/we understand that the minor child may participate in field trips from time to time; therefore, I/we hereby authorize Rhea County Academy to arrange transportation for such field trips.

Furthermore, I/we, jointly and severally, as parent(s) and legal guardian(s) of the minor child, hereby release, discharge, and agree to hold harmless and indemnify Rhea County Academy, its Board of Directors, employees, volunteers, and their agents, from any and all liability, actions, causes of action, costs, expenses, compensation, damages, claims or demands resulting from (1) decisions made in selecting medical or dental providers or in authorizing medical or dental treatment, (2) injuries or property damage resulting from treatment or transportation to and from any facility for the purpose of obtaining such treatment, or (3) the minor child participating in any field trip, including any and all claims for personal injuries or property damage sustained while participating in or traveling to or from any field trip.

This authorization is valid from _____ to _____

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date