



EMERGENCY AUTHORIZATION AND PERMIT TO TREAT FORM

I hereby certify that my child/ward _____ (full name),
entering grade ____ (20__ school year), and born on ____/____/____ (month, day,
year), has my approval to (indicate with an X):

- play on the athletic teams at TVS
- participate in physical education
- take part in field trips
- go on campouts
- participate in challenge course activities

from this date for the duration of enrollment at Trinity Valley School or until this
permission is revoked in writing by me.

To the best of my knowledge, my child/ward is physically fit and able to engage in physical
education and/or competitive athletics and is not suffering from any disease or injury not
otherwise noted. I agree to notify the school in writing of the occurrence of any disease or
injury that would affect participation.

Should my child/ward become ill or be injured while participating in an activity and neither
I nor my physician is available, I hereby grant TVS's authorized representative permission
to execute the consent required in connection with such advice or treatment, including the
authority to consent to operative procedures deemed necessary. I hereby release said
person and TVS from and agree to indemnify them against any liability arising out of the
exercise of the authority hereby granted.

I have previously identified certain medical conditions of my child/ward that are known to
me and which may be of importance should my child/ward require medical attention. I will
notify the school in writing of any change in or new addition of medical conditions.
(Identify any known medical conditions such as heart murmurs, allergic reactions to any
medications, epilepsy, adverse reactions to certain anesthetics, heart disease, high blood
pressure, diabetes, asthma, bleeding or clotting disorders, etc.)

**CAUTION: THIS IS A RELEASE AND MEDICAL TREATMENT FORM.
PLEASE READ CAREFULLY BEFORE SIGNING.**

Signed this the _____ day of _____, 20_____

Parent/Legal Guardian

rev. 4/2014

