TRINITY ACADEMY
TRUTH · FAITH · CHARACTER

SHADOW DAYS CONSENT TO TREAT

I, _____, parent or legal guardian of _____, grant permission for my child to participate in Trinity Academy activities and acknowledge that I am responsible for all costs for medical treatment that arise from illness, injury, or other damages. I certify that my son or daughter is in good health and may participate in all activities. I agree to release and discharge Trinity, its employees and agents from all actions or damages of any kind. I give permission to Trinity to use any photographs or video for promotional purposes. Further, I do hereby consent to any hospital, medical or surgical care and treatment, and the administration of anesthesia, determined by a qualified physician to be necessary for the welfare of my child while said child is under the care, custody and control of Trinity Academy, and I am not reasonably available by telephone to give consent.

_____

(Signature of parent or legal guardian)

_____

(Witness)