



4701 Valley Pike  
P.O. Box 664  
Stephens City, VA 22655  
Phone (540) 868-0081

---

## ACADEMY PERMISSION FORM and MEDICAL RELEASE

List the names of students enrolled in Eukarya Christian Academy:

**Enrolled Children** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PERMISSION

As the parent or legal guardian of listed students, I give my permission for him/her to attend the field trips and activities, both on and off campus, of Eukarya Christian Academy until June 30, 2019.

### NOTICE OF FINANCIAL RESPONSIBILITY

I accept responsibility for the costs related to my child attending these trips/activities. Costs for field trips will be advertised prior to each trip and are due within 30 days of notice or invoice. I understand that if payment is not received, then my child may not be able to attend future trips.

Although, at this time, ECA has not had an overnight trip and reserving a bus is not a regular occurrence, there may be a time that this takes place. I understand that the staff or Board of Eukarya Christian Academy reserves the right to cancel any trip for safety or other reasons. In the event of such a cancellation, the policies of the hotels, bus companies, ticket operators and others providing services in connection with the trip will determine the amount of the refund to which I am entitled, if any.

### CONDUCT

I understand that in addition to the rules and requirements established by each field trip venue, all school rules apply to each person attending each field trip (see Parent-Student Handbook for further details).

### TRANSPORTATION

I understand that in accordance to the Parent-Student Handbook, students are NOT permitted to drive on field trips, regardless of parental permission.

Eukarya Christian Academy is a growing school, therefore we rely on parent and/or teacher drivers in order for our students to benefit from attending field trips. I understand that a staff member, a faculty member, an administrator, or the parent of another student, may be used to transport students to and from an activity. The owner of the vehicle is required to carry bodily injury insurance and have proof of a current vehicle state inspection.

**ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND WAIVER**

I understand that field trips and activities may expose my child to some risks and I assume any such risk that may arise there from. I accept full responsibility for all medical expenses for any injuries that might occur to my child by reason of his/her participation.

By signing this form, I release Eukarya Family Center, Inc. d.b.a. Eukarya Christian Academy, its Board members, administrators, directors, faculty, staff, and volunteers (“released parties”) from and against all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain

- (a) arising out of my child’s failure to comply with local, state, and federal laws and Eukarya Christian Academy’s policies, procedures, and the Parent-Student Handbook;
- (b) arising out of any damage or injury caused by my child; or,
- (c) arising out of a parent/guardian/or other designated driver’s operation of a motor vehicle in relation to these trips/activities.

I also agree to indemnify and hold harmless the released parties from any and all related costs, attorney fees, liabilities, settlements, and/or judgments.

**MEDICAL RELEASE**

I authorize a designated representative of Eukarya Christian Academy to administer general first aid treatment for any minor injuries or illnesses experienced by child(ren) listed above. If the injury or illness is life threatening or requires emergency treatment, I authorize the designated representative of Eukarya Christian Academy to summon any and all professional emergency personnel to attend, transport, and treat listed child(ren) and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. This shall be in effect on or off the Eukarya Christian Academy campus.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date