

**Northern Christian  
School Conference**  
801 County Road HH West  
Stevens Point, WI 54481  
PHONE: 715-341-3275

# MEDICAL RELEASE FORM

\_\_\_\_\_ I would like to purchase lunch for my child  
(\$4.00 is attached to this permission slip).

\_\_\_\_\_ I would like to attend & help chaperone

Chaperones must complete a background check to participate.

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I, the undersigned parent or guardian, hereby consent to my child, \_\_\_\_\_ who is \_\_\_\_\_ years of age, participating in the activities connected with the **NCSC Science Day (Abbotsford), Thursday, November 8, 2018.** I certify that my child is able to participate in these activities, including **all activities, food, and all travel** to and from said activities (unless otherwise indicated). If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached within a reasonable period of time, I hereby authorize the adult sponsors, **Mrs. Messier, Mr. Kregness, Mr. Ulrich, Mrs. Tornow, & Mrs. Uitenbroek** to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them below.

**I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO.** I do hereby agree to hold Abbotsford Christian Academy, Northern Christian School Conference, **Stevens Point Christian Academy**, and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Wisconsin and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement which I have read and understand.

Medical conditions to be aware of:

Physical Restrictions:

Instructions and Medications:

Date of last Tetanus or Booster:

Emergency Telephone Numbers:

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_