



Covenant Christian Academy  
*a ministry of Covenant Community Church*

### Liability and Medical Release Form

We encourage you to be active participants in all Covenant Christian Academy events. There are times, however, when we will be in charge of your child for a short period of time. Please fill out the following information emergency contact information:

Parent/Guardian Name: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (C): \_\_\_\_\_ Phone (W): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (C): \_\_\_\_\_ Phone (W): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (C): \_\_\_\_\_ Phone (W): \_\_\_\_\_

Please list any allergies or special medical conditions your child(ren) may have. If applicable, include a listing of all prescription medications:

\_\_\_\_\_  
\_\_\_\_\_

We (I) release Covenant Christian Academy and Covenant Community Church from any and all responsibility and absolve them from any claim of loss, damage, or injury of any nature to person or property resulting from an offered program. We (I) also agree that the academy and the church shall not be liable for any loss or intentional neglect or careless acts of any academy personnel. In addition, if necessary, we (I) authorize Covenant Christian Academy to have emergency medical treatment administered to my child until my arrival.

Student Name(s):

\_\_\_\_\_  
\_\_\_\_\_

**All parents/guardians who have any legal custody of student(s) MUST sign this form.**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date