

Envision Science Academy Emergency Medical Treatment Form 2022-2023

In the event of my absence, I, _____, parent/guardian of _____, do hereby give the Athletic Director, coaching staff, athletic trainers and/or Envision Science Academy administrator's permission to seek treatment for my child. In the event of an emergency, I understand that every attempt will be made to notify me.

I assume all of the risks, hazards, and financial obligations incidental to the activity of the sport.

I hereby release, absolve, indemnify, and hold harmless Envision Science Academy and the coaches, teachers, administrators, board members, volunteers, and participants and any other person or entity duly acting on behalf of Envision Science Academy from any claims arising out of any injuries, of any nature, to my/our child while participating in ESA activities.

Student's Date of Birth _____

Signature of Parent/Guardian Date

Home Address

Home telephone number:

Work telephone number / Cell phone number

Insurance Company

Policy #