

## Envision Science Academy Emergency Medical Treatment Form 2025-2026

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 #