

Parental Authorization Form

Student Name: _____ Grade: _____

_____, OF _____
(parent/guardian) (street address)

(city) (state/zip)

A. **AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT:** In the event I cannot be contacted to give my consent, I hereby authorize Mount Royal Academy, its officers, agents and employees to consent for me to:

1. The administration of any treatment deemed advisable by a licensed physician or dentist.
2. The transfer of the minor to any hospital or clinic reasonably accessible.

IF PRACTICABLE UNDER THE CIRCUMSTANCES, I AUTHORIZE MOUNT ROYAL ACADEMY TO CONTACT MY CHILD'S PHYSICIAN.

PHYSICIAN NAME: _____

ADDRESS: _____

PHONE: _____

I understand that this authorization is given to provide authority and power on the part of Mount Royal Academy, its officers, agents, and employees to give specific consent to any examination, diagnosis, treatment, or hospital care which, in the judgment of a licensed physician or dentist, is deemed advisable.

B. **AUTHORIZATION TO PARTICIPATE IN ATHLETICS AND OTHER ACTIVITES:**

I hereby give my consent for the above-named student to participate in the athletic programs and other programs of Mount Royal Academy.

C. **AUTHORIZATION TO PARTICIPATE ON FIELD TRIPS:** I hereby give my consent for the above-named student to attend and participate in field trips associated with Mount Royal Academy.

Other medications which may be required by the student and supplied by the parent, can be administered at school only by following the procedure mandated by the School Board:

- A. Physician's order.
- B. Proper release form signed and dated.
- C. Medication in the original, properly labeled container.
- D. Only quantity needed for school hours.
- E. Medication ordered (3) times a day should be given before school, after school, and at bedtime.
- F. Medication ordered (4) times a day will be administered once during school hours.
- G. New release forms should be signed with each new medication.

I understand that Mount Royal Academy does not assume any responsibility in case any accident or injury occurs. In consideration of the above-named student being permitted to make such trips, take part in such activities, and receive the agreed-to medical treatment and/or medication, I hereby agree to waive all claims, release, indemnify, defend and hold harmless Mount Royal Academy, its Trustees, Directors, Headmaster, Heads of Schools, Faculty, school nurse (s), agents, employees and invitees, together with all persons, including parents of students of Mount Royal Academy assisting with any phase of such trips and activities (excluding paid certified carriers not affiliated with Mount Royal Academy), from any and all claims, suits, losses, damages, causes of action or other liabilities, including all expenses of litigation and/or settlement which may arise in connection with such trips and activities. I hereby also agree to waive all claims, release, indemnify, defend and hold harmless all of said parties from any and all liability by reason of any accident or injury suffered by the above-named student while on such trips or participating in such activities. I hereby further expressly agree that such indemnity will apply whether the claims, suits, losses, damages, causes of action or other liabilities arise in whole or in part from any form of negligence of said parties.

(Parent/guardian signature)

(Relation to student)

(Date)