



INTERMOUNTAIN ADVENTIST ACADEMY

Consent to Treat

INTERMOUNTAIN ADVENTIST ACADEMY PARENTAL/GUARDIAN PERMISSION & MEDICAL CONSENT WITH LIABILITY RELEASE

Student's Name: _____

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child (the "Child"), hereby consents to the participation by the Child in school sponsored activities conducted by INTERMOUNTAIN ADVENTIST ACADEMY and to the participation of the Child in all events relating to the activities during the duration of enrollment at IAA. The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of Intermountain Adventist Academy to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the child. Health care shall include but not be limited to the administration of anesthesia, X-ray examination, and performance of operations, diagnostic and other procedures. If there is no medical emergency, the guardian will first use reasonable efforts to contact the parent(s) and/or guardian(s) before administering or authorizing any treatment. Notwithstanding other provisions in this Consent Form, Intermountain Adventist Academy shall not have the authority to withhold or withdraw life-sustaining procedures for the Child. The undersigned assume(s) all risk of injury or harm to the Child associated with participation in the Activities and agree(s) to releases, indemnify, defend and forever discharge Intermountain Adventist Academy and its staff, employees and agents (collectively the "Organizer") of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to the Child or by the Child, howsoever caused, arising or to arise by reason of or during the Child's participation in the Activities. This Consent Form may be revoked at any time before the expiration date with written notice to Intermountain Adventist Academy.

Signed on _____, at _____, _____.
(date) (city) (state)

Signature of Parent / Guardian

Signature of Parent / Guardian Student

Student Healthcare Information

Name: _____ Date of Birth: _____

Doctor's Name: _____ Office Phone Number: _____

Address: _____

After Hours Number: _____

Health Insurance Company Group or Policy Number: _____

Telephone Number: _____

Allergies – (Please list any known allergies)

Medications – (Please list any medications your child is currently on)

Other Factors – (Briefly explain any factors such as surgeries, serious accidents or injuries, congenital defects, speech defects, or vision problems which may affect the child's school experience)

I allow IAA to administer the following medications to my child: (Please check all that apply)

Pepto Bismol- _____ Ibuprofen- _____ Tylenol- _____ Cough Drops- _____

Immunizations – An official record of immunizations must accompany this medical record for all students entering school for the first time in the United States regardless of grade level.

Parent's Release: I want my child to have the privilege of participating in school activities, including physical education classes, therefore he/she has my permission to compete in all sports, games and physical activities as part of the school program and/or as part of an after school program regulated by Intermountain Adventist Academy. While I expect school authorities to exercise reasonable precautions to avoid injury, I understand that IAA assumes no financial obligation for an injury that may occur. I authorize emergency medical treatment to be provided in case of injury or illness.

Parent/Guardian Signature

Date