



Medical & Liability Release Form

In case of emergency, all efforts will be made to contact those listed below. By signing this form, you give consent for Garnet Prep staff to seek medical care in case of emergency while your student is in our care on-site or at a program-sponsored field trip.

By signing this form, you also give consent for your child to be transported to and from school for the purposes of carpool and/or any field trips in which you've chosen to participate.

By signing this form, you agree to release and hold harmless Garnet Prep, its teachers, administrators and volunteers from any and all liability, claims, suits, demands, judgments, costs, interest and expense, (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services or any cause beyond the control of Garnet Prep.

Name(s) of Child(ren): _____

Parent/Guardian: _____ Phone: _____

Other Emergency Contact: _____ Phone: _____

Physician: _____ Phone: _____

Hospital Preference: _____

Other information Garnet Prep, or an acting physician, should be aware of in case of emergency, including health/medical concerns (asthma, etc.), allergies or sensitivities (bee stings, nuts, latex, etc):

I understand that this serves as a contract and I give my consent and agree to the terms outlined above.

_____ Date: _____

Parent signature