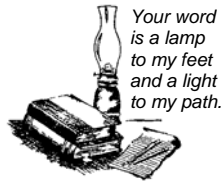


# Milford Christian Academy

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[milfordchristianacademy@comcast.net](mailto:milfordchristianacademy@comcast.net)



**Learning to live for something greater**

Pastor Kyn Gdanian, School Chaplain  
Paul Sontag, School Principal  
Susan Voskuil, Elementary Dept Head  
Trisha Dion, Business Manager

## Emergency Treatment and Extra Curricular Activities From

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  Boy  Girl

### FIELD TRIP

I hereby give permission for my child to participate in any and all field trips, including transportation to and from field trips, taken by Milford Christian Academy.

### MEDICAL TREATMENT/TRANSPORTATION

I hereby grant permission to Milford Christian Academy to seek medical treatment for my child in the event such treatment is deemed necessary and, for my child to be transported by an emergency vehicle to a medical facility for treatment.

### HOSPITAL ADMISSION AND/OR PHYSICIAN'S CARE

I hereby consent to all medical and surgical treatment by the attending physician and to the administration and performance of all examinations, administering of medicine, treatments, anesthetics, operations, x-rays, blood tests, transfusions, suturing or other procedures which may be deemed necessary for my child during his stay at the hospital and or emergency room.

### FINANCIAL AGREEMENT

I hereby agree to accept responsibility for any financial indebtedness incurred during the hospitalization or emergency room use. I agree to pay for all necessary services at the current rate and in case of collection, pay a reasonable attorney fee and collection expenses.

I have read the above medical/surgical consent and field trip permission information and understand and agree to its content.

Parent Signature \_\_\_\_\_  
(Sign in the presence of a Notary)

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_ 20\_\_

Notary Signature \_\_\_\_\_

Residing in the Country of \_\_\_\_\_