



Liability And Medical Release Form

I understand that **Grace Academy At Home** field trips, group classes and other activities are organized and supervised. However, in the event of mishap, and as a condition of my child/children's participation, I release Grace Academy and host organizations, their officers and agents from all liability for accidental injury to my child/children while attending or participating in school functions.

In the event of injury resulting in emergency care, I hereby authorize the staff of Grace Academy to contact the appropriate medical personnel needed. If the situation so develops that my child must be administered medication or taken to the hospital, and I am not available for immediate approval, I hereby grant authority to the staff of Grace Academy to make such decisions.

Father _____
(Printed Name) (Signature)

Mother _____
(Printed Name) (Signature)

(date)

HEALTH INSURANCE INFORMATION

Health Insurance Policy # _____

Company Name: _____

Policy Holder's Name: _____

Policy Binder #: _____

Telephone: () -

Grace Academy At Home
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