**CHRIST’S CHURCH ACADEMY AUTHORIZATION FOR EMERGENCY CARE**

In case of accident or serious illness, and the school is unable to reach me, I hereby authorize the school to contact the physician indicated and to follow his instruction. If it is impossible to contact this physician, the school may make whatever arrangements necessary to provide care and treatment for my child, including transporting him/her to the hospital by Rescue Unit. In case of an accident or serious illness where immediate treatment of my child is not indicated, but where he/she is unable to remain at the school, the school will contact me to arrange transportation for my child. If the school is unable to reach me, I authorize the school to contact one of the persons listed above and request them to come to the school and transport my child home. I will assume full financial responsibility for the emergency care and/or transportation for said child and will not hold the school financially responsible.

**GENERAL RELEASE OF LIABILITY**

The undersigned hereby releases and forever discharges Christ’s Church Academy, Mandarin Christian Advisory Board, Mandarin Christian Church, and their employees, from all claims and demands, rights, and causes of actions of any kind the undersigned now has or hereafter may have on account of or in any way arising from personal injuries known or unknown to the undersigned at the present time and property damage resulting or that results from any occurrence which may happen while in attendance at Christ’s Church Academy.

I acknowledge that I am permitting my child/ward to attend Christ’s Church Academy at a time during which a COVID-19 pandemic is present throughout the United States.  I agree, on behalf of my child/ward, on my own behalf, and on behalf of any other parent/guardian of the child/ward to assume all risks associated with our child’s/ward’s attendance at Christ’s Church Academy.

Christ’s Church Academy shall bear no responsibility for any personal injuries (including death) that may arise as a result of the transmission of any infectious diseases during my child’s/ward’s attendance at Christ’s Church Academy.

Student (Full name)

Parent/Guardian (Full name)

Parent/Guardian Signature

Date