



# WOODCREST CHRISTIAN HIGH SCHOOL

Due: Feb 28

*Glorifying God by Pursuing Excellence in Christ-centered Academics*

18401 VAN BUREN BOULEVARD RIVERSIDE, CA 92508 (951) 780-6605

## INTERNATIONAL TRAVEL AND MEDICAL AUTHORIZATION FORM

### Authorization for Emergency Medical Treatment for Students Traveling Internationally to Attend a WCS Sponsored Event

Participant's Full Legal Name \_\_\_\_\_

Name of Sponsoring School: Woodcrest Christian High School

Trip Location: \_\_\_\_\_ Departure Date: March 20, 2020 Return Date: March 28, 2020

Each year students participate in Woodcrest Christian School System (WCSS) student events. Some participants travel to countries outside the United States of America. This form is intended to be used by participants traveling and participating in a WCSS sponsored event.

I/We, parent/guardian of \_\_\_\_\_, age \_\_\_\_\_ of Woodcrest Christian School System, located in Riverside County, California hereby give permission for him/her to participate in the WCSS sponsored Mission Team Trip.

In case of accident, illness, or other emergency, I give permission for WCSS personnel to immediately call paramedics or seek any appropriate medical attention necessary.

The undersigned parent/guardian will be financially responsible for such care and for emergency medical transport. I/we authorize and consent to any x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or any other medical treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. The undersigned parent/guardian agrees to assume the financial responsibility for expenses incurred as a result of those services being provided.

#### Emergency Contact Information:

#### In case of an emergency, list possible contacts

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone#2 \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone#2 \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone#2 \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone#2 \_\_\_\_\_

Destination/Country \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Passport Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

(INTERNATIONAL TRAVEL AND MEDICAL AUTHORIZATION FORM cont.)

**Student's Medical Information**

Health Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_

Name of Insured Subscriber \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Name of Family Physician \_\_\_\_\_

Phone Number with Area Code (\_\_\_\_) \_\_\_\_\_

Allergies (including reactions to medication)

\_\_\_\_\_  
\_\_\_\_\_

List of Current Medications

\_\_\_\_\_  
\_\_\_\_\_

Are there any other physical or medical conditions we should know about?

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR STUDENT'S IMMUNIZATION RECORD**

(INTERNATIONAL TRAVEL AND MEDICAL AUTHORIZATION FORM cont.)

## International Travel Release of All Claims by Parents for their Student

Student's Full Name \_\_\_\_\_

Name of Participant's School: Woodcrest Christian High School

Trip Location: \_\_\_\_\_ Departure Date: March 20, 2020 Return Date: March 28, 2020

Each year students participate in Woodcrest Christian School System (WCSS) student events. Some participants travel to countries other than the United States of America. This form is intended to be used by participants traveling and participating in a WCSS sponsored event. As a condition for participation in the program, **both parents/guardians** (unless only one has legal guardianship) **must complete and sign this form.**

### Acknowledgment of Risk and Liability Waiver Agreement

I/we have executed this release on the date referred to below, individually and as the parent or guardian of \_\_\_\_\_ to the Woodcrest Christian School, 18401 Van Buren Blvd., Riverside, California 92508 USA.

I/we, in giving our permission for my/our child to undertake this international travel and to participate in this student program or activity as a voluntary act of educational growth and learning, give permission for my/our child to participate, knowing that WCSS cannot protect my/our child from risks which may be encountered during this learning opportunity. I/we realize there are natural, mechanical, and environmental conditions and hazards which independently or in combination with my/our child's activities may cause a serious accident resulting in death, injury, personal property loss, health conditions or financial expenses as a result of accident, illness, medical care, political upheaval, terrorism, crime, transportation, or other sources of risk.

I/we hereby state that I/we understand these inherent risks and dangers involved with participation in this trip and its associated activities, and acknowledge the existence of risks which are not obvious or predictable, and hereby intend this release to extend to injury or loss to my/our child which results from both obvious or predictable risks, as well as risks that are unpredictable and not obvious.

In consideration of my/our child being permitted to participate in this trip and event, sponsored by WCSS, I/we, for ourselves and my/our child, and any legal representatives, heirs and assigns, hereby release, waive, and discharge WCSS, its officers, directors, employees, agents and representatives from any and all liability for any and all loss or damage, and any claim or damages resulting there from, on account of any injury to my/our child's person or property, even injury resulting in death while my/our child is participating in any activity related to or associated with participation in the aforementioned trip and event.

I/we agree to indemnify WCSS, its officers, directors, employees, agents and representatives from any loss, liability, damage, or cost that may be incurred due to my/our presence or participation of my/our child in the aforementioned trip and event, whether caused by negligence of WCSS or otherwise.

This release contains the entire agreement between and among the parties hereto, and the terms of this release are contractual and not a mere recital.

The parties to this release hereby agree that the interpretation and enforceability of this release shall be governed by the laws of the State of California.

I/we expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by applicable laws, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**(INTERNATIONAL TRAVEL AND MEDICAL AUTHORIZATION FORM cont.)**

I/WE HAVE CAREFULLY READ THE FOREGOING INTERNATIONAL TRAVEL RELEASE AND MEDICAL AUTHORIZATION (ALL FOUR PAGES) AND KNOW AND UNDERSTAND THE CONTENTS THEREOF. I/WE SIGN THIS RELEASE VOLUNTARILY AS MY/OUR OWN FREE ACT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE, INTENDING TO BE LEGALLY BOUND THEREBY.

**Signature of Parents/Guardians**

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name Printed \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name Printed \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

\*Both legal guardians must complete this form. If you are the **only** parent/guardian with legal guardianship, please sign here:  
Signature \_\_\_\_\_ Name Printed \_\_\_\_\_

**Notarization of Parent/Guardian Signature(s)  
ACKNOWLEDGEMENT**

State of California  
County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_,  
(Here insert name and title of the officer)

personally appeared \_\_\_\_\_

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature of Notary Public

(Notary Seal)