

Parents' Medical Consent and Release Agreement

I/we, the undersigned, parent(s) of _____
Student's Name

residing at _____
Mailing Address

City, State, Zip

in consideration of Heritage Academy, Inc., hereby agree for myself and my/our child, to release and hold harmless Heritage Academy, Inc. and all teachers and facility providers for any injuries which may be incurred by my/our child while participating in any programs offered by Heritage Academy, Inc.

I/we authorize all emergency and all other necessary medical attention for my/our child whenever and wherever necessary. My/our child has the following allergies (include medication allergies) and/or physical limitations:

Father and/or Legal Guardian

Mother and/or Legal Guardian

Sworn to and subscribed before me this _____ day of _____ 20 ____.

Signature: _____

Notary Public Seal