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EMAIL: [INFO@HERITAGESTUDYCENTER.ORG](mailto:INFO@HERITAGESTUDYCENTER.ORG)

## MEDICAL WAIVER

We/I understand the nature of these classes and their activities and with such knowledge we/I voluntarily release the host church and the Board members of Heritage Study Center and their representatives, agents, employees including Parents of the Day and teachers, from any and all liability related to the activities of this program. We/I understand that, in the event that medical attention is required, Heritage Study Center will make all reasonable efforts to contact us/me. However, if we/I cannot be contacted, we/I give our /my permission to Heritage Study Center to secure the service of a licensed physician to provide the necessary treatment including anesthesia, surgery, medication and intravenous (IV) for my child.

Name of Student(s)  
(PLEASE PRINT)

First Name	Middle Initial	Last Name
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Name of Parent(s)  
(PLEASE PRINT)

First Name	Middle Initial	Last Name	
Home Telephone #	Work Telephone #	Cell Telephone #	Email Address

Signed \_\_\_\_\_ Date \_\_\_\_\_

First Name	Middle Initial	Last Name	
Home Telephone #	Work Telephone #	Cell Telephone #	Email Address

Signed \_\_\_\_\_ Date \_\_\_\_\_

Emergency  
Contact Person  
(PLEASE PRINT)

First Name	Middle Initial	Last Name	
Home Telephone #	Work Telephone #	Cell Telephone #	Email Address

### Physician Information

(PLEASE PRINT)

Physicians Name	Address	City/State	Zip Code
Medications (used regularly)	Allergies	Insurance Company Name	Policy/Group #

**OUR GOAL IS TO GLORIFY GOD BY EQUIPPING STUDENTS WITH THE TOOLS NECESSARY TO LIVE AND THINK WITHIN A CHRISTIAN WORLDVIEW GROUNDED IN THE OLD AND NEW TESTAMENT SCRIPTURES.**