

**SLU 101 Orlando Trip
Medical Release/Photo Release Form**

I acknowledge my understanding and agreement that Shiloh Christian School shall not be liable for any accidents, injuries or illnesses of any kind which are sustained by my child while attending the 2025 SLU Trip or traveling to and from and, in connection herewith, I hereby hold harmless and waive any claims, judgments and/or demands from Shiloh Christian School, with respect to any such accident, injury or illness. Additionally, I understand and agree that my child is attending this SLU Trip with Shiloh Christian School, that is solely responsible for his/her supervision, safety, and well-being at all times during and while traveling to and from SLU Trip. I understand that in the event my child requires medical treatment while engaged in the SLU Trip, reasonable efforts will be made to contact my designated emergency contacts; however, if they cannot be reached, I hereby consent and give my permission to the Shiloh Christian School staff or any adult leader acting on behalf of Shiloh Christian School with respect to the activity, to consent to any X-ray examination, medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed below all my child's medical allergies, medications being taken, medical problems and other pertinent information. Finally, I agree that Shiloh Christian School may tape or photograph my child and record his or her voice during their participation in the SLU Trip. I agree that Shiloh Christian School will be able to use them, in whole or in part, whether in original or modified form in any manner or media, including without limitation, for the purpose of advertising, promoting, and publicizing the Shiloh Christian School whether during the activity or thereafter. I hereby release and discharge Shiloh Christian School and all affiliated entities from any and all claims, demands, or causes of action that I have in connection with the use and exercise of the rights granted in this release.

I give permission for my child to go on the Orlando SLU Trip on January 17-21, 2025.

Parent Signature: _____ **Date:** _____

Student Name: _____ **DOB:** _____

Allergies: _____

Medication: _____

Medical Conditions or Concerns: _____

Primary Insurance Co: _____ **Group #:** _____

Primary Insured Name: _____ **DOB:** _____

Please provide a copy of the front and back of the Insurance card.