



**AGAPE ACADEMY**  
701 Napa Valley Drive  
Little Rock, AR 72211  
501-225-0068

[www.agapeacademyonline.org](http://www.agapeacademyonline.org)

## Medical Liability Release Form

**FOR:** \_\_\_\_\_

**Name of Child**

In case there is not time to be contacted, I hereby give my consent for EMERGENCY MEDICAL CARE for the above named child during the time that they are under the supervision of an Agape Academy staff member, Agape Church staff member or their children's sponsors during the 2010-11 school year.

I/we, the undersigned, do hereby release, remiss and forever discharge all sponsors, Agape Academy and Agape Church, Inc. from any and all claims, demands, actions or course of action, past, present or future arising out of any damage or injury while participating in the children's activities sponsored by Agape Academy and Agape Church, Inc. during the 2010-11 school year.

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Signature of Parent or Guardian*

Does student have a special medical condition? \_\_\_\_\_

If so, please describe \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Insurance Co. \_\_\_\_\_

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

In case of emergency, call \_\_\_\_\_

### AGAPE ACADEMY PLAYGROUND LIABILITY RELEASE

I, the undersigned agree that Agape Academy/Church is not liable in the case of an accident in the school, or on the playground. I stand in agreement with the Academy for the well being of my child. In case of an extreme emergency occurring while my child \_\_\_\_\_, is in the care of Agape Academy and I cannot be reached immediately, I give my permission for my child to be taken to the Baptist Medical Center off I-630. I also assume responsibility for expenses incurred at the time of examination.

Parent's Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mother Cell # \_\_\_\_\_ Father Cell # \_\_\_\_\_

Additional Information:

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