



Lighthouse Christian Academy

Student Athlete – Parent Consent and Medical Release - Form

To Whom It May Concern:

The undersigned does hereby give permission for my/our son/daughter, _____ to attend and participate in **Lighthouse Christian Academy Activities** during the school year. I also give permission for my/our son/daughter to participate in connected activities (i.e. dining out, shopping, etc.) that may take place before and/or after other activities. The undersigned does also hereby give permission for my/our son/daughter to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Lighthouse Christian Academy.

I/We authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical and dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital and/or emergency care facility, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I/We do herewith authorize the treatment by this authority and is granted only after reasonable effort has been made to reach me/us the parent(s) and/or guardian(s).

I/We the undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it become necessary for my/our child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

This consent and release will be in effect for a Calendar year. My signature also serves to indicate my/our willingness to take full financial responsibility for any and all medical services rendered to be billed for any and all medical fees and services should they be needed for the named participant. I/We hereby release Lighthouse Christian Academy from this liability.

Health Insurance Company: _____

Policy Number: _____ **Group Number:** _____

The undersigned does hereby release and agree to hold harmless Lighthouse Christian Academy and their employees, agents, or representatives from any and all liabilities and claims for personal injury, illness or death, as well as property damage and expenses of any nature whatsoever, which may be incurred by my/our son/daughter that occur within the effective dates stated above and/or while said minor is participating in the above mentioned activities.

Name of Student: _____ Date of Birth: _____

Parent or Guardian Signature: _____ Phone (s): _____

Parent or Guardian Printed Name: _____

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

List of any specific medical and/or food allergies, chronic illnesses, or other conditions: _____

Emergency Contact (other than listed above): _____ Phone: _____

Date of last Tetanus shot: _____ Will student be under medication during activities? _____

If yes, please explain: _____

All medications are to be in original containers and given to the activity leader upon arrival. Every participant MUST have this form completed to participate in any activity. Please keep a copy for your personal records.