

Legacy Christian Academy

Emergency Medical and Contact Information Sheet

2011-2012

Student's Full Name: _____

DOB: _____ Gender: M / F

Father's Name: _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____

Mother's Name: _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____

Legal Guardian's Name: _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____

Please list any Medical Conditions this student has now or has had in the past that the school would need to be aware of in the event of an emergency.

Please list any medications this student takes regularly / daily and why the medication is taken.

Allergies (food, medications, etc.): _____

Hospital Preference: _____

Name of Physician: _____

Phone #: _____

Name of Orthodontist: _____

Phone #: _____

If the parents or guardian cannot be contacted, please list alternate adults the school should call.

Name of Alternate Adult	Home phone #	Cell phone#	Work phone#

Name of Alternate Adult	Home phone#	Cell phone#	Work phone#

Legacy Christian Academy

Legacy Christian Academy has my permission to release my student into the care of all of the above listed alternate adults. _____ (initials)

Name of Health Insurance: _____

Name of Insured: _____

Group #: _____ Policy #: _____

I hereby give my consent for any doctor, hospital, and/or qualified first aid provider to give any emergency medical care to the above named student. Representatives of Legacy Christian Academy have my permission to give consent for any and all necessary treatment.

Printed Name: _____

Signature: _____

Relationship to student: _____

GENERAL RELEASE AND INDEMNITY / HOLD HARMLESS:

I, THE UNDERSIGNED PARENT (OR GUARDIAN) OF THE ABOVE NAMED STUDENT, HEREBY RELEASE LEGACY CHRISTIAN ACADEMY, ITS REPRESENTATIVES, AGENTS, AND EMPLOYEES FROM ANY AND ALL LIABILITY, DAMAGES, INJURIES, CAUSES OF ACTION AND CONTINGENCIES OF ANY NATURE WHICH MAY ARISE OR GROW OUT OF ANY ACCIDENT, ACTIVITY OR EVENT INVOLVING ABOVE NAMED STUDENT.

I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS LEGACY CHRISTIAN ACADEMY FROM ANY AND ALL DAMAGES, LIABILITY, INJURIES, CAUSES OF ACTION AND CONTINGENCIES OF WHATEVER NATURE OF ANY NATURE WHICH MAY ARISE OR GROW OUT OF ANY ACCIDENT, ACTIVITY OR EVENT INVOLVING ABOVE NAMED STUDENT, AND FROM ANY AND ALL OTHER LEGAL ACTIONS ASSERTED BY OR BROUGHT AGAINST LEGACY CHRISTIAN ACADEMY BY ANY PERSON(S) WHICH ARISES OUT OF ANY ACCIDENT, ACTIVITY OR EVENT INVOLVING ABOVE NAMED STUDENT.

SPECIFIC RELEASE FOR TRANSPORTATION:

I ALSO RECOGNIZE THAT LEGACY CHRISTIAN ACADEMY REPRESENTATIVES, AGENTS, AND EMPLOYEES WILL FROM TIME TO TIME BE TRANSPORTING SAID STUDENT UPON PUBLIC AND PRIVATE THOROUGHFARES, AND I HEREBY RELEASE LEGACY CHRISTIAN ACADEMY, ITS REPRESENTATIVES, AGENTS, AND EMPLOYEES FROM ANY AND ALL LIABILITY, DAMAGES, INJURIES, CAUSES OF ACTION AND CONTINGENCIES OF ANY NATURE WHICH MAY ARISE OR GROW OUT OF ANY ACCIDENT, ACTIVITY OR EVENT INVOLVING ABOVE NAMED STUDENT.

MEDICAL AUTHORIZATION:

BY SIGNING, I AUTHORIZE THE APPROPRIATE SCHOOL PERSONNEL AUTHORITY TO CALL EMERGENCY MEDICAL PERSONNEL AND SERVICES, TO TRANSPORT, OR OBTAIN MEDICAL CARE IF I OR THE ALTERNATE ADULTS CANNOT BE REACHED PROMPTLY UNDER THE CIRCUMSTANCES. I HEREBY GRANT PERMISSION FOR EMERGENCY MEDICAL CARE TO BE GIVEN BY THE ATTENDING PHYSICIAN AND/OR SCHOOL PERSONNEL. I ALSO GIVE PERMISSION FOR EMS TO BE CALLED AND FOR MY CHILD TO BE TRANSPORTED AS NECESSARY BY SCHOOL PERSONNEL. I ACKNOWLEDGE THAT LEGACY CHRISTIAN ACADEMY DOES NOT ASSUME ANY FINANCIAL RESPONSIBILITY BUT DOES WISH TO PROVIDE THE BEST EMERGENCY SERVICE. I WILL NOT HOLD LEGACY CHRISTIAN ACADEMY LEGALLY OR FINANCIALLY RESPONSIBLE FOR THE EMERGENCY CARE AND/OR TRANSPORTATION OF MY CHILD.

SIGNATURE OF PARENT / GUARDIAN

DATE