



Parent/Guardian's Permission and Waiver of Liability and Authorization for Emergency Care

Student name _____ Date of Birth: _____

Medical Release

I authorize Lydian Academy, the Principal, Assistant Principal, or other supervising adult (collectively, "Supervising Adult") in attendance to select and secure medical attention as may be appropriate or necessary, in the opinion of the Supervising Adult, for my child as a result of any event requiring emergency care while I/we are not in attendance. I hereby release said Supervising Adult and each other school official from any and all liability on account of such decision, selection or authorization with respect to any and all damages which are incurred on account thereof. I further authorize such Supervising Adult to make emergency care decisions for the benefit of the above named student until I am available to do so. I agree to indemnify and hold each Supervising Adult harmless from and to pay for any medical and related costs incurred in connection with any medical emergency, including but limited to ambulance, paramedic, doctor and hospital expenses/costs, in the unlikely event any of those or related services are deemed necessary in the judgment of the Supervising Adult.

Please list any allergies and/or physical conditions we should be aware of (if medication is needed for any documented medical reason, please provide the medicine with clear instructions on dosage, method of administering, and place all in a clear ziplock bag marked with your child's name; the marked ziplock bag will be placed under the school's care during events when a parent/guardian is not present):

In the event your child may require medications to be administered which require special instructions or procedures, please specify in necessary detail below:

Parent/Guardian emergency contact information:

Name _____ Relationship to Student: _____
Cell phone _____ Work phone _____
Address: _____ City: _____ Zip: _____

Parent/Guardian emergency contact information:

Name _____ Relationship to Student: _____
Cell phone _____ Work phone _____
Address: _____ City: _____ Zip: _____

Additional emergency contact:

Name _____ Relationship to Student: _____
Cell phone _____ Work phone _____
Address: _____ City: _____ Zip: _____

Family doctor: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Family Medical Insurance Carrier _____

Group or ID# _____

Family dentist _____ Phone _____

Family Dental Insurance Carrier _____

Group or ID# _____

Parent/guardian (please print): _____

Parent/guardian Signature: _____ **Date** _____