



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

Student name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Off-site Activity Consent

As the parent, custodian or legal guardian of the above named student, I hereby give my consent on behalf of the above-named student to participate in off-campus free activity time for the 2018-19 school year.

## Medical Release

I authorize Lydian Academy, the Student Activities Director, Principal, Founder, 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):

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

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**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# \_\_\_\_\_

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**Parent/guardian (please print):** \_\_\_\_\_

**Parent/guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_