

For Open Gym Night:



**LEHIGH CHRISTIAN ACADEMY
Medical/Liability Form**

Student Name: _____

Insurance Company: _____

Policy: _____

Group: _____

Hospital: _____

Permission to treat:

In case of an emergency involving my child where no emergency contact can be reached, I/we give permission to the school personnel to arrange for the student to be taken to the emergency room, and I authorize the hospital medical personnel to administer any necessary medical care.

Yes

No

Please list any existing medical conditions for your child:

Does the student have any allergies?

Yes Allergies: _____

No

Please list any prescribed medications your child is taking:

Permission to dispense Tylenol if needed:

Yes Dosage: _____

No

I, the undersigned, hereby assume all risk of injury or harm as a result of the open gym night and agrees to release, indemnify, defend, and forever discharge Lehigh Christian Academy and Cedar Crest Bible Fellowship Church and their employees and volunteers from all liability, claims, demands, damages, costs, expenses, and causes of action due to death, injury, loss, or damage to the participating student.

Printed Student Name _____

Printed Parent Name _____

Parent Number: _____

Parent Signature: _____