

AUTHORIZATION FOR MEDICAL CARE AND WAIVER FOR ACTIVITIES ON/OFF SCHOOL GROUNDS

STUDENT NAME _____

We, the parents of the above named student, hereby give permission and approval for participation in athletic activities and events supervised by the staff or approved volunteers of Lakewood Presbyterian School (LPS).

We authorize the LPS personnel to call an emergency vehicle in case of accident or acute illness and to arrange for necessary emergency medical and surgical care. We give any qualified physician called by LPS personnel permission to treat and do what is necessary for the health of our child.

We also agree to accept responsibility for the cost of all medical services.

We assume all risks and hazards incidental to such participation including transportation to and from activities and we do hereby waive, release, absolve, indemnify, and agree to hold harmless the local school, organizer, sponsors, supervisors, participants and persons transporting my child, whether the result of negligence or for any other cause.

THIS FORM MUST HAVE TWO SIGNATURES. IF YOUR CHILD IS IN THE CUSTODY OF ONE PARENT, PLEASE INDICATE.

(Father)

(Mother)

(Date)

(Guardian)

(Insurance Company)

(Insurance Number)

(Physician's Name)

(Telephone)

(1st Emergency Contact Number)

(2nd Emergency Contact Number)

(3rd Emergency Contact Number)

(4th Emergency Contact Number)