



Parent/Guardian Medical Permission-Liability Release Form

2016-2017

Student Name		Student Grade	
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I give permission for my above-named child to join Lincoln Christian School on any school-sponsored activities. I understand that at certain times, groups be will traveling by bus or van. I also understand that certain costs may be incurred depending on the field trip.

I hereby release Lincoln Christian School, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist as appropriate licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Parent/Guardian Signature	
Emergency Phone Number(s)	
Today's Date	

Medical Information

Allergies	
Current Medications	
Medical Insurance Company	
Policy Number	
Member's Name	