

Consent to Medical Care / Treatment Waiver and Emergency Contact of Minor Children

- CHILD INFORMATION -

Child's Name: _____ Age: ____ Birth Date: ____ / ____ / ____

- PARENT INFORMATION -

Parent Name: _____ Cell Phone: _____

Parent Name: _____ Cell Phone: _____

Emergency Contact: _____ Cell Phone: _____

- MEDICAL INFORMATION -

Does your child have any allergies or medical conditions we should know about? yes no

if yes, please explain: _____

I, the undersigned, am the parent/legal guardian of the above named child and I agree, in participating in Light of Christ Lutheran Church and Preschool programs, events and services, to release and hold harmless Light of Christ Lutheran Church and Preschool from any and all claims, demands, suits, cost, and charges in connection with or arising out of the programs, events and services, including, but not limited to, bodily harm or injury to my child, except only for loss, harm or injury occasioned by gross negligence or intentional misconduct by Light of Christ Lutheran Church and Preschool. I hereby grant Light of Christ Lutheran Church and Preschool and its employees/volunteers full authority to take whatever actions they deem necessary regarding my child's health and safety in the event I cannot be reached or in the situation where time is of the essence; and fully release Light of Christ Lutheran Church and Preschool and its employees/volunteers from any liability in connection with those decisions, I grant permission for emergency treatment by a rescue squad, private physician and/or nearest hospital or emergency health care facility staff if needed. Any such action will be taken in the best interest of my child and will be reported to me as soon as possible. **I HAVE READ AND UNDERSTAND THIS ON-SITE CONSENT AND WAIVER FORM AND SIGN VOLUNTARILY AND ENTIRELY OF MY OWN FREE WILL.**

Parent Name (please print) _____

Parent Signature: _____ Date: ____ / ____ / ____