Permission and Medical Consent

As parent/guardian, I hereby give permission for my child to participate in activities that are organized by LIGHT Christian Academy and Childcare.

Child's Full Name:			
Last Sex: Date of Birth: _		First	Middle Race/Ethnicity:
Name of Parent/Guardian:			
Address:			
City/State/Zip:			
Phone #:			
Emergency Contact #1:			
Address:			
City/State/Zip:			
Phone #:			
Emergency Contact #2:			
Address:			
City/State/Zip:			
Phone #:			
Does your child have any allerg If yes, please explain below:		YES	
Does this child have any medica which may affect their participa	al or health problems o	or has this child ha	d any chronic or recurring illness,
Are there any activities, such as			
Describe any dietary restriction			

Is this child on any medications? If yes, list all medications below:		Yes		
Name of Child's Physician:				
Address:				
City/State/Zip:				
Phone #:				
If child has current medical insur	ance, please inc	dicate below:		
Name of Insurance Company:				
Address:				
City/State/Zip:				
Phone Number:				
Policy Number:				
Name of insured:				
Date of last tetanus Shot:				
I,	e which consisted ical/hospitalizate will provide permay provide service available to measure will be an Academy and me to consent tows of the state was of the	ent with the exclusion insurance available in insurance available in its excess of exc	ons, limitations and term able to my family. I under the LIGHT Christian Accoverage. I agree to apply the benefits that may be availed requires medical tree. If I cannot be reach, I library LIGHT Christian According, anesthesia, medical decrendered, either as an	erstand that any personal erstand that any personal edemy and Childcare by first the benefits from the vailable from LIGHT Christian eatment while engaged in the hereby consent and give eademy and Childcare Adult or surgical physician,
Signature of Parent/Guardian:				
Date Signed:				
Signature of Witness:				
Date Witnessed:				