



Student's Name _____ Age _____ Grade _____ Birth date _____

Address _____ City _____ Zip Code _____

Father/Guardian Name _____ Father's Cell Number _____

Father's Work Number _____

Mother/Guardian Name _____ Mother's Cell Number _____

Mother's Work Number _____

Doctor's Name _____ Doctor's Phone _____

Preferred Hospital in Emergency _____ Insurance Carrier and Policy # _____

****Persons to be contacted in case of illness, accident or emergency, if for some reason the parents or guardians cannot be reached, and authorized for release of the child from the facility:***

Name _____ Address _____

Phone _____ Relationship to student _____

Name _____ Address _____

Phone _____ Relationship to student _____

****Other persons authorized by parents or guardians for release of the child from the facility.***

Name _____ Address _____

Phone _____ Relationship to student _____

Name _____ Address _____

Phone _____ Relationship to student _____

[Type text]

We, the undersigned parents/guardians of the above named student, grant permission for the student to participate in any and all official school sponsored activities on trips on or off campus, and authorize transportation to such, while the student is enrolled as a student of Sienna Lutheran Academy. We represent to the Sienna Lutheran Academy that the student is physically and mentally able to participate in such activities unless such activity is excluded as noted here:

Excluded activities: _____

We understand that participation in these activities presents varying amounts of risk of injury, and represent to you that we have discussed those risks with the student. We represent to you that we and the student assume the risk of injury while engaged in these activities, and hold you, your agents, employees, and representatives harmless from liability for injury or death to the participant while engaged in school sponsored activities. We also hold you, your agents, employees and representatives harmless from all liability to any other person or entity arising as a result of the unauthorized conduct of the student and agree to defend and indemnify you, your agents, employees, and representatives against any claim or liability arising as a result of such conduct. We acknowledge and understand that you DO NOT provide or offer any type of benefit, insurance or reimbursement for injuries arising from the activities covered by this form.

If we are not personally present at these activities in which the student is to participate, in the case of necessity, you are authorized on our behalf and at our expense, but are under no duty or responsibility, to arrange for the medical and hospital treatment as you may deem advisable for the health and well being of the student. In such event, you are authorized to submit to the treating facility the emergency medical information set forth on this form.

We understand that this form will be kept on file at the school the student attends and it is our responsibility to keep the medical information and any other change in excluded activities current.

MEDICAL HISTORY AND INFORMATION

Does the Student have previous history of:

	YES	NO		YES	NO
A. Bleeding tendencies	___	___	N. Contact lenses/glasses	___	___
B. Head injuries, seizures, concussion, convulsions, unconsciousness	___	___	O. Under a physicians care	___	___
C. Asthma	___	___	P. Allergy	___	___
D. Hernia	___	___	Q. Neck Injury	___	___
E. High Blood Pressure	___	___	R. Bone/Join injury/disease	___	___
F. Tuberculosis	___	___	S. Heart Disease	___	___
G. Sickle Cell Anemia	___	___	T. Diabetes	___	___
H. Kidney Disease and/or infection	___	___	U. Emotional/psychological disorder	___	___
I. Kidney, Lung, Testicle or eye removed or non-functioning	___	___	V. Surgical operation	___	___
J. Hepatitis	___	___	W. Other: _____		
K. Rheumatic Fever	___	___	Explain any YES answer _____		
L. Skin Disease	___	___	_____		
M. Taking regular medication	___	___	_____		

Parent/Guardian Signature _____ Date _____

[Type text]

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