



Sex: M F (Circle one)

Student: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Student's Birthday: \_\_\_\_\_ (Month) (Day) (Year)

Contact phone #s: Cell/Work/Home \_\_\_\_\_ Student's Age: \_\_\_\_\_

Alternate Contact in an EMERGENCY: (Name/phone) \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's phone: \_\_\_\_\_ Insurance carrier: \_\_\_\_\_ Insurance Policy #: \_\_\_\_\_

Preferred Hospital in Emergency: \_\_\_\_\_

Period to which this agreement applies: July 1, 2019 through June 30, 2020

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

Excluded activities, if any: \_\_\_\_\_

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 such medical and hospital treatment as you may deem advisable for the health and wellbeing 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 change in excluded activities current.

MEDICAL HISTORY AND INFORMATION

Does the Student have previous history of: (to be completed by the parent or guardian)

Table with columns for YES/NO and medical conditions A through S, including Allergies, Asthma, Bleeding Tendencies, Bone/Joint Injury/Disease, Contact Lenses/Glasses, Diabetes, Emotional/Psychological Disorder, Head injuries, Seizures, Unconsciousness, Concussion, Convulsions, Hearing Problems, Heart Disease, Hernia, Hepatitis, High Blood Pressure, Kidney Disease and/or infection, Kidney, Lung, Testicle or Eye removed or non-functioning, Neck Injury, Rheumatic Fever, Sickle Cell Anemia, Skin Disease, Surgical Operation, Taking Medication Regularly, Tuberculosis, Under a Physician's Care.

Date of last Tetanus Shot (Booster required every ten years) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

ALL STUDENTS MUST COMPLETE THIS FORM