



Medical Consent

I, _____, parent of _____,

Give permission for Eagles Landing Christian Academy and any representative of ELCA to seek medical services for my child. If my child is in need of interventions, any hospital/urgent care/medical service provider has permission to assess the situation and render care as deemed appropriate. I understand that every attempt will be made to contact me during this process, but my permission is not based on that outcome. I also release ELCA and any of its representatives of liability if my child falls ill or is injured for any reason. I also submit that the medications listed below are the only prescribed medicines that my child will be bringing.

Prescription Medications _____

Dosages _____

Reasons for interventions _____

Insurance Provider _____

Policy Number _____

(Copy of card should also be attached)

Emergency contact(s) _____

Emergency numbers _____

Parent(s) signature _____

Date signed _____