



# EAGLE'S LANDING CHRISTIAN ACADEMY

## 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 Medicines \_\_\_\_\_

Dosages \_\_\_\_\_

Reasons for interventions \_\_\_\_\_

Allergies \_\_\_\_\_

Insurance Provider \_\_\_\_\_

Policy Number \_\_\_\_\_

(Copy of card should also be attached)

Emergency contact \_\_\_\_\_

Emergency numbers \_\_\_\_\_

Parent(s) signature \_\_\_\_\_

Date \_\_\_\_\_