



**Student Information:**

Student's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Parent/Guardian Information:**

Father  Stepfather  Guardian

Mother  Stepmother  Guardian

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Medical conditions and/or allergies (including reactions to medications): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_

\* Any life-threatening medications should be kept at the school office. We recommend a 72 hour supply.

Any other medical or physical conditions LCA Staff should know: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Indicate if LCA Staff may administer these over the counter medicines:  Tylenol  Ibuprofen  None

X \_\_\_\_\_  
**Father's/Guardian's Signature**

X \_\_\_\_\_  
**Mother's/Guardian's Signature**

**Legacy Christian Academy  
Emergency Medical Release Form  
2015 – 2016 School Year**

This form will be on file in the school office for the current school year.

I/we agree that in the case of an accident, illness, or other life-threatening emergency to the student listed below, I/we give permission for Legacy Christian Academy's Staff to contact Emergency Medical Services (911) immediately.

I/we authorize and consent to any examination, x-rays, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care deemed necessary in the best judgment of a licensed physician or dentist.

I/we agree to assume all financial responsibility for expenses incurred as a result of any of these services being provided, including emergency medical transportation.

**Student's Full Name:** \_\_\_\_\_  
(Please Print)

**Date of Birth:** \_\_\_\_\_  
(MM/DD/YYYY)

**Father's/Guardian's Full Name:** \_\_\_\_\_  
(Please Print)

**Father's/Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Mother's/Guardian's Full Name:** \_\_\_\_\_  
(Please Print)

**Mother's/Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\* Both parents/guardians are to sign this form unless parent/guardian has sole custody of student.

**Please notify the school office of any changes during the school year.**