

LAKEWOOD PARK CHRISTIAN SCHOOL

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Emergency Medical Information

Custodial Parent or Legal Guardian— Please complete this form and sign. Current information is vital to maintain the safety of your child.

Child's legal name _____ Grade _____
Street Address _____ Date of Birth _____
City _____ State _____ Zip _____ Home Phone _____
Child lives with _____
Father's name _____ Cell Phone _____
Employment _____ Work Phone _____
Mother's name _____ Cell Phone _____
Employment _____ Work Phone _____

In case of illness or emergency:

I understand that every effort will be made to contact me. When this fails, the following relative, friend or neighbor may be contacted to pick up my child:

Name	Phone	Cell	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Should a serious medical emergency exist requiring medical treatment beyond what can be provided to maintain safety and/or life, my child should be transported by EMS to the nearest hospital or to _____ hospital if time permits.

Child's doctor _____ Office phone # _____
Child's dentist _____ Office phone # _____
Insurance Co. _____ Policy # _____

Medical History:

Allergies - Causes: _____
Symptoms: _____

Medicines used: _____
Drug Allergies: _____

Asthma - Causes: _____
Symptoms: _____

Medicines used: _____

Chronic or existing medical problems: _____

Medications taken daily: _____

I understand that I will be called if my child is ill. However, many minor head or tummy aches can be helped sufficiently with an age appropriate dose of Advil, Tylenol, or Tums. (Generics may be substituted)

I will initial those that my child may have:

Advil _____ Tylenol _____ Tums _____

I understand that medical information is considered confidential and only shared with staff on an "as needed" basis.

Parent/Guardian Signature _____ Date _____

Parental Medical Release Form

Student's Name _____ School Year _____

General Medical Policies

Parents will be notified and expected to pick up students who have a temperature of 100 degrees or above, are vomiting, or have diarrhea. Students with any of these symptoms before school in the morning should stay at home for 24 hours.

Children suspected with "pink-eye" will be sent home and need to be treated for 24 hours before returning to school.

All medicine must be brought to the nurse's office. Students who need to have an asthma inhaler with them must bring an annual doctor's note. Failure to label medication correctly makes it impossible to know what should be given and when. Any medication sent in should be in the original container, clearly labeled with all the following information, or it WILL NOT be given.

- a. Name, grade and teacher's name
- b. Today's date, and start/end dates for medicine
- c. Name of medication
- d. Amount to give, time of last dose and time for dose at school.

General Medical Release

We give permission for our child to take part in all school activities, including sports, physical education, and school-sponsored trips away from the campus, and absolve Lakewood Park Christian School and Lakewood Park Baptist Church, Auburn, IN from all liability to me or my child because of any injury to any student, parent or volunteer at any school activity. We agree to take no legal action against the school or church because of any accident, mishap, or treatment received.

I know that LPCS/LPBC will in no way assume the responsibility for any injuries sustained to any student, parent or volunteer while traveling to/from or participating in any sports or field trip activity.

I also understand that every effort will be made to contact me first, but I hereby authorize Lakewood Park to consent to medical treatment for my child as deemed necessary by a licensed physician or surgeon with privileges to practice.

Parent or Guardian Signature

Date

Field Trip Permission Slip

Student's Name _____ School Year _____

Field Trip Permission

I hereby give my permission for my child to accompany his/her class at Lakewood Park Christian School on educational field trips approved by the administration of Lakewood during the school year.

In signing this request, I acknowledge the following things to be true:

I will be given details of each field trip by the teacher or school staff. I will notify the teacher or school staff in writing if I do not give my permission for my child to participate in a specific field trip. If Lakewood does not receive anything in writing from me, it can be assumed that I have not given my permission.

Reasonable supervision and adequate chaperones will be furnished by the school, which will consist of teachers and/or parent volunteers from the group involved.

I assume the responsibility for his/her insurance coverage and/or the cost of any treatment(s) received.

I understand that every effort will be made to reach me in the event of an emergency, however, I hereby authorize the bearer of this field trip permission form to act in my place and authorize emergency medical treatment should it become necessary and school officials are unable to contact me.

I will not hold school personnel responsible if efforts to contact me are unsuccessful.

I know that Lakewood Park Christian School of DeKalb County, IN, or any member of its faculty, staff, or any volunteer chaperone, or bus driver will in no way assume the responsibility for any injuries sustained to any student traveling to, from, or participating in scheduled field trips.

Parent or Guardian Signature

Date