



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, 2022 through June 30, 2023

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)

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
A. Allergies	_____	_____	T. Surgical Operation	_____	_____
B. Asthma	_____	_____	U. Taking Medication Regularly	_____	_____
C. Bleeding Tendencies	_____	_____	V. Tuberculosis	_____	_____
D. Bone/Joint Injury/Disease	_____	_____	W. Under a Physician's Care	_____	_____
E. Contact Lenses/Glasses	_____	_____	Name of Physician _____		
F. Diabetes	_____	_____			
G. Emotional/Psychological Disorder	_____	_____			
H. Head injuries, Seizures, Unconsciousness, Concussion, Convulsions	_____	_____			
I. Hearing Problems	_____	_____	Explain any YES answers _____		
J. Heart Disease	_____	_____	_____		
K. Hernia	_____	_____	_____		
L. Hepatitis	_____	_____	_____		
M. High Blood Pressure	_____	_____	_____		
N. Kidney Disease and/or infection	_____	_____	_____		
O. Kidney, Lung, Testicle or Eye removed or non-functioning	_____	_____	_____		
P. Neck Injury	_____	_____	_____		
Q. Rheumatic Fever	_____	_____	_____		
R. Sickle Cell Anemia	_____	_____	_____		
S. Skin Disease	_____	_____	Date of last Tetanus Shot (Booster required every ten years) _____		

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

ALL STUDENTS MUST COMPLETE THIS FORM