

Livingstone Adventist Academy

Lions Sports Program

Consent Form for Participation

I hereby give permission for my child/ward to participate in the Livingstone Lions Sports Program. I understand that transportation for this program is provided by the school or school authorized vehicles and drivers.

In granting this permission, I assume full responsibility for any damage to person or property caused by my child/ward. I further expressly agree that in the event of disciplinary action, or if the health of my child/ward makes it necessary, at the discretion of the sponsors, my child/ward may be forthwith returned home at my expense. *In the case of any injury, I understand that the current insurance policies of the school are in effect, but are secondary and therefore understand that I am responsible for all expenses up front, but will be reimbursed by insurance as the claim is processed.*

I, the undersigned, do agree to abide by all the provisions, rules and regulations of Livingstone Adventist Academy.

It is further warranted that if this consent form is signed by one of two parents/guardians, it is the authority of the other.

Consent to Medical Treatment and Transport

I authorize any medical services needed in the event of an emergency or illness, as well as, decisions deemed necessary for the care of my child/ward.

This authorization shall remain in effect until the child/ward is returned into the supervision of parents or guardians.

Physical conditions: _____

Allergies: _____

Medications: _____

Insurance: _____ Policy#: _____

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Name of Student: _____

Student Signature: _____

Home/Cell Number: _____

Date: _____