

PERMISSION FOR TREATMENT

I/We, the undersigned, do hereby release Lighthouse Christian Homeschool Academy and its officers, directors, teachers, members, and volunteers, Living Word Church and its employees, members, and volunteers from any financial responsibility for the sickness or accident to myself and my child/children (list names:)

while attending any activities hosted by or related to Lighthouse Christian Homeschool Academy. To ensure prompt attention in case of serious illness or accident, I understand that all reasonable efforts will be made to contact me, but that failure to do so will not prevent emergency treatment to be administered. My permission is granted to the agents of Lighthouse Christian Homeschool Academy to obtain medical attention in case of serious illness or injury to myself and the above-named child/children. I also fully understand that I and my child/children are here at their own risk.

LIGHTHOUSE CHRISTIAN HOMESCHOOL ACADEMY MEDICAL INFORMATION / LIABILITY RELEASE FORM

The intention of this form is to provide a single document that covers any and all events connected with Lighthouse Christian Homeschool Academy, which the above-named individual(s) may be involved in during the 2021–2022 school year. Such events may include, but not limited to, normal homeschool classes, a field day, field trips and social gatherings.

In Case of Emergency NOTIFY: _____

Phone# _____

Alt. Phone #: _____

Insurance Information: Group #: _____ Policy # _____

Insurance Phone# _____

Student's Physician: _____ Phone # _____

Allergies: _____

Current conditions or special needs: _____

Does this student (s) wear glasses? Yes / No Contact Lenses? Yes / No

Special Diet / Instructions / Helpful Information: _____

LIABILITY RELEASE

I/We hereby release, discharge, and covenant not to sue Lighthouse Christian Homeschool Academy, its officers, directors, teachers, members, and/or volunteers, Living Word Church, its employees, members, and/or volunteers regarding any and all claims, demands, losses, or damages caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations. I fully understand that I and my child/children are participating at co-op activities at his/her/our own risk. I understand that this blanket liability release form will apply to all activities in which myself and the above-named child/children participates during the 2021 –2022 school year.

MY SIGNATURE BELOW INDICATES MY UNDERSTANDING AND ACCEPTANCE OF THE INFORMATION HEREIN.

(Printed Name of Parent) _____

(Signature of Parent) _____

STATE OF FLORIDA

COUNTY OF PINELLAS

Sworn to and subscribed before me by means of physical presence or online notarization, this _____ day of _____, 2021, by _____, who is personally known to me or who has produced _____ as identification;

[Seal]

NOTARY PUBLIC, State of Florida
My commission expires: _____