

LOMA LINDA ACADEMY HIGH SCHOOL

10656 Anderson Street
Loma Linda, CA 92354
Telephone (909) 796-0161

Please print, **LAST NAME** first

Loma Linda Academy Summer Athletics

Cost: Varied

Turn in permission slip and payment to the Athletic Office prior to the first practice/contest

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PERMISSION

I hereby give permission for my son or daughter _____

Student's Name

to participate in athletics for the summer of 2016.

Parent's Signature

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In the event of sudden illness or accident requiring attention, I hereby authorize Loma Linda Academy to administer first aid, and if necessary, take my child for emergency treatment to any qualified emergency care center.

Please list any special medical needs: _____

I approve the following to be administered to my child on an as needed basis: All ____ None ____ Only those checked ____

Tylenol Advil Sudafed Tums Benadryl Robitussin cough syrup

Allergies

Parent's Signature

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RELEASE

I agree to indemnify and hold harmless the sponsors, Loma Linda Academy and Southeastern California Conference and Association of Seventh-day Adventists, for liability arising from any accident or injury occurring during athletics for the summer of 2016. This specifically includes injury arising from negligence on the part of those mentioned above. This recognizes a shared responsibility between school, student and home. This does not include gross negligence on the part of those mentioned above. This does not waive coverage within the policy limits of student accident insurance which covers school sponsored activities.

Student's Signature & Date

Parent's Signature & Date

Print Student's Name

Print Parent's Name

Student's Cellular Number

Parent's Cellular Number