

**FAITH LANDMARKS ACADEMY**

**2023-2024**

**Parental Consent**

By signing below, I/We give permission for our child to take part in all school activities, including sporting events, practice, and school-sponsored trips away from the school premises (EXCEPT as specifically indicated below). I/We give our permission for \_\_\_\_\_ to participate in organized interscholastic activities for the \_\_\_\_\_ school year. I/We realize that such activity involves the potential for injury, which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, the injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death. I/We acknowledge that I/We have read and understand this warning.

BE IT KNOWN that in the event I cannot be reached, I/We the undersigned parent/guardian of the student named, do hereby give and grant unto any paramedic, medical doctor, or hospital, my consent and authorization to render such aide, treatment or care to said student as, in the judgment of said doctor or hospital may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in an activity sponsored by the school. IT IS HEREBY understood that the consent and the authorization hereby given and granted are continuing and are intended by me to extend throughout the current school year.

IT IS FURTHER understood that insurance or the parent/guardian of the student will pay for any expenses occurred. Payment of the expense is not a school responsibility.

IT IS FURTHER understood that we release FAITH LANDMARKS ACADEMY, its School Board, employees, agents, and representatives from any illness or injuries sustained by our child while under school supervision, whether at school or away from school premises. We further agree to hold harmless FAITH LANDMARKS ACADEMY, its School Board, employees, agents and representatives from any injury, damage, which may be caused by our child(ren).

|  |   |
|--|---|
| <b>Student's Name</b> _____                  | <b>Date of Birth</b> ___/___/___                            |
| <b>Home Address</b> _____                    | <b>Home Phone</b> ___-___-___                               |
| <b>Father's Name</b> _____                   | <b>Work Phone</b> ___-___-___ <b>Cell Phone</b> ___-___-___ |
| <b>Mother's Name</b> _____                   | <b>Work Phone</b> ___-___-___ <b>Cell Phone</b> ___-___-___ |
| <b>Nearest Relative</b> _____                | <b>Work Phone</b> ___-___-___ <b>Cell Phone</b> ___-___-___ |
| <b>Doctor/Pediatrician</b> _____             | <b>Phone</b> ___-___-___                                    |
| <b>Date of Last Tetanus Shot</b> ___/___/___ | <b>Known Allergies</b> _____                                |
| <b>Hospital Preference</b> _____             | <b>Phone</b> ___-___-___                                    |
| <b>Insurance Company</b> _____               | <b>Policy #</b> _____ <b>Phone</b> ___-___-___              |

PLEASE PRINT: