



Grace Lutheran Church and School

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Parental Waiver and Consent Form

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a team member in the sport designated below.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless Grace Lutheran Church and School, its officers, coaches and sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause. I understand that no accident or medical insurance is provided with this activity. I give my permission for my child to be transported by designated volunteers to and from any program and/or activity.

Name of Student

Sport

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Prior Consent and Authorization for Medical Treatment

If parents cannot be reached in an emergency, contact _____

Relationship to Student _____ Telephone _____

Family Physician _____ Telephone _____

Insurance Carrier: _____ Policy # _____

Under the name of: _____ Relationship: _____

Special Medications /Allergies _____

I authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I agree to assume the financial responsibility for expenses incurred as a result of those services provided, including emergency medical transportation.

Signature of Parent/Guardian

Date