



LAM Christian Academy

4800 N Ramsey Road, Coeur d'Alene, ID 83815
Phone (208) 765-8238 ~ Fax (208) 765-6392

EMERGENCY CONSENT TO TRANSPORT AND/OR TREAT MY CHILD

Medical Care Policy – Taken from the LAM Family Handbook

By registering at LAM, I grant permission to LAM Staff to use band aids and ice packs to care for my child. In the event of injury or serious illness, I authorize LAM Staff to use their “best judgement” and to seek qualified emergency medical professionals to examine, administer emergency care, and/or to transport my child. I understand every effort will be made to contact a parent/guardian or an emergency contact, provided in QuickSchools, to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for LAM Staff or a LAM Volunteer to obtain emergency care for my child, neither the LAM Staff, LAM Volunteer, nor LAM Christian Academy assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances. I understand that any fees incurred are my responsibility.

As the parent/legal guardian of _____, I give emergency personnel permission to transport and/or treat my child in the event of an emergency, even if I cannot be reached in advance. I understand LAM Staff will make every effort to contact me first.

Signature: _____ Date: _____

Printed Name: _____ Relationship to Child: _____

Parent/Guardian's Phone Number: _____

Child's Printed Name: _____ Date of Birth: _____

Medical Insurance – Policy #: _____ Group ID #: _____

Dental Insurance: _____ Dental Policy Number: _____

Dentist Name: _____ Ph #: _____