



### MEDICAL RELEASE

Please submit one medical release form per student along with the Learn & Lead course registration form to the Admissions Office.

Student Name: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_ do hereby agree and make public that I will not hold LCA or any adult/youth sponsor responsible for any accidents or injuries that may be sustained in connection with a Learn & Lead camp/course. I understand precautions for the safety of my child have been taken. I also understand accidents do happen and I will assume responsibility for any losses thereof. I also authorize emergency treatment for my child if it should become necessary and do hereby give my consent for any medical treatment deemed necessary for the welfare of my child.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date