

**Copy of insurance card front/back must be attached**

## **Field Trip Consent Form**

Lakeland Christian Academy  
397 S. Stemmons Freeway  
Lewisville, TX 75067  
972-219-3939

My name is \_\_\_\_\_ (parent/guardian), and by this instrument I do hereby release, bequit, hold harmless, and forever discharge Lakeland Christian Academy, Lakeland Baptist Church, their agents, servants, and employees, and all persons, natural or corporate, in privity with them or any of them from any and all claims or causes of action of any kind whatsoever, including, but not limited to actions, suits and/or claims for any bodily injuries, death, or property damage which may be sustained by \_\_\_\_\_ (child) while participating in any activity described here, including travel to and from such activities, not resulting from the intentional tortious act or acts of any agent, servant or employee of Lakeland Christian Academy or Lakeland Baptist Church. It is acknowledged that the decision to engage in the stated activities is entered into freely, and that Lakeland Christian Academy, Lakeland Baptist Church, their agents, servants, and employees have not influenced the decision to engage in such activities.

### **Authorization for Emergency Treatment**

I hereby authorize medical personnel and/or hospital emergency staff to administer any emergency treatment, procedure, or medicine necessary or advisable when church or LCA personnel accompany (child's full name) \_\_\_\_\_ to the emergency room. I also authorize church personnel to secure the use of an ambulance, if necessary. I agree to pay the hospital, doctors, and ambulance service all services rendered to the above patient.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Medical Information**

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Physician: \_\_\_\_\_  
Phone #: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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