CONSENT FOR MEDICAL TREATMENT

LOGOS CHRISTIAN ACADEMY

Website www.myLogos.org
Phone (847) 647-9456
Address Logos Christian Academy 7280 N. Caldwell Ave., Niles, IL 60714
Attention REGISTRAR

Should my child become ill and/or injured while under Logos Christian Academy's supervision (hereinafter referred to as the School), I approve of the School Administration minor or incidental first aid such as Tylenol, band-aid, etc. In the event of a more serious illness and/or injury, I authorize LCA to:

1) Contact a parent or legal guardian of the student and follow his/her instructions.

2) In the event of an emergency, when a parent or guardian cannot be reached immediately, the School Administration is hereby authorized to use their best judgment in contacting a properly licensed physician or in transporting my child to the nearest hospital or medical facility for consultation and/or treatment. Such transporting is to be done either by School provided transportation, or if School officials deem it preferable, by ambulance.

If, in the opinion of a properly licensed and practicing physician, my child needs medical and/or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint, and empower the Principal, or his designated representative, to furnish on my behalf such written or oral authorization as may be so required. Furthermore, I release the Principal or his representative, and the School from any and all liability that might arise as a result of the medical service and treatment provided by any physician or hospital or medical facility pursuant to such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as possible after the need arise. I agree to be responsible for any cost of medical service or treatment of my child as the result of the above authorization and agree to indemnify and hold harmless the School, the Principal or his representative from any expenses incurred for said treatment or services.

Child's Physician _____ Phone _____

Parent's (Legal Guardian) Signature _____ Date _____