

# L.A.M.S. Emergency & Consent Form

(1) Complete Form, (2) Read and Initial Paragraphs, and (3) Sign

Last Name \_\_\_\_\_ Mother's First Name \_\_\_\_\_ Father's First Name \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Father's Work/Cell # \_\_\_\_\_ Mother's Work/Cell # \_\_\_\_\_

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

Insurance Company \_\_\_\_\_ Insurance Phone \_\_\_\_\_

Insurance Policy # \_\_\_\_\_ Insurance Policy Group # \_\_\_\_\_

## Medical Considerations or Allergies for **Children and Participating Parents**

Name \_\_\_\_\_ Allergy \_\_\_\_\_

Name \_\_\_\_\_ Allergy \_\_\_\_\_

Name \_\_\_\_\_ Allergy \_\_\_\_\_

## **Consent: Please initial in spaces provided**

\_\_\_\_\_ I give permission for my child(ren) to participate in any activity sponsored by LAMS or Mountains Springs Church as it relates to the classes we have chosen.

\_\_\_\_\_ I give permission for any photos of my child(ren) to be used by LAMS for promotional purposes.

\_\_\_\_\_ I waive, release, and indemnify LAMS or Mountain Springs Church, its agents, directors, officers, employees and volunteers from all demands, claims, or liabilities, in law, or in equity, which have arisen from any LAMS or Mountain Springs Church activity and which involves any damage, loss, or injury to me, my children named on this form, or our property. In the event that I cannot be reached in an emergency during a LAMS or Mountain Springs Church activity, I hereby give my permission to the physician or dentist selected by the church leadership to secure proper medical treatment for any of my children as deemed necessary, at no expense to the church or LAMS.

\_\_\_\_\_ I understand that I am personally responsible for my child(ren)'s safety and supervision during the time that he/she is attending classes at LAMS. In the event that I should have to leave the church for any reason during classes, I will sign out at the front desk and designate an adult to oversee my child(ren) in case of discipline problems or emergencies.

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date