

# LOMA LINDA ACADEMY

## Emergency Information & Authorization Release Form (TK-12 & Kids' University)

All fields must be filled out to submit. If a field is not applicable or the answer is none, please type "n/a" or "none".

Student's Last Name		First Name		Middle Name		DOB		Gender		Entering Grade	
Student Address		City		State		Zip		Home Telephone			
Father's Last Name		First Name		Address			City		State	Zip	
Home Telephone		Father's Cellular		Occupation		Employer			Work Phone		
Mother's Last Name		First Name		Address			City		State	Zip	
Home Telephone		Mother's Cellular		Occupation		Employer			Work Phone		
Other Guardian's Last Name		First Name		Address			City		State	Zip	
Relationship	Cellular Phone		Occupation			Employer			Work Telephone		
Sibling's Last & First Name 1			Grade	Attend LLA? (Y/N)	Sibling's Last & First Name 3			Grade	Attend LLA? (Y/N)		
Sibling's Last & First Name 2			Grade	Attend LLA? (Y/N)	Sibling's Last & First Name 4			Grade	Attend LLA? (Y/N)		

### Emergency Name & Phone Numbers

All fields must be filled out to submit. If a field is not applicable or the answer is none, please type "n/a" or "none".

Name of Physician		Clinic or Hospital Preference		Physician's Telephone			
Insurance Carrier		Policy Number or Insured Social Security		Insurance Telephone			
Date of Last Tetanus Shot		<b>Please Indicate Any Medical Problems</b>					
<b>Please Indicate Any Medications</b>				<b>Please Indicate Any Allergies</b>			
Emergency Contact <i>Other than parent (when unable to contact parent)</i>		Relationship to Student		Cell Phone		Home Phone	
Emergency Contact <i>Other than parent (when unable to contact parent)</i>		Relationship to Student		Cell Phone		Home Phone	

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## Authorized Student Release

In the event of illness or major disaster which causes structural damage to Loma Linda Academy (such as fire, earthquake, or explosion), or during/after school pickup, students will be released to authorized individuals **ONLY**. There will be **NO EXCEPTIONS**.

Please indicate the names of all adults (18 years or older) other than yourself who are authorized to sign for release of your child.

1.	Telephone
2.	Telephone
3.	Telephone
4.	Telephone
5.	Telephone
6.	Telephone
7.	Telephone
8.	Telephone
9.	Telephone
10.	Telephone

**If needed, you may submit additional names on a separate paper.**

By entering or signing my name below, I understand that I am providing a signature which will serve as authorization and consent to treat in the event of sudden illness or accident requiring attention. I hereby authorize electronically Loma Linda Academy and Loma Linda Academy Kids' University to administer first aid, and if necessary, take my child to an emergency care facility.

I agree to hold harmless Loma Linda Academy, Loma Linda Academy Kids' University (before & after school program), and Southeastern California Conference of Adventists, their sponsors and all employees thereof, for liability arising from any accident or injury while my child is engaged in the activities associated with Loma Linda Academy and Loma Linda Academy Kids' University. This includes but is not limited to sports, classes, and other activities. This specifically includes injury arising from the negligence on the part of those listed above. This recognizes a shared responsibility between school, student, and home. This does not include gross negligence on the part of those listed above. This does not waive coverage within the policy limits of student accident insurance, which covers school – sponsored activities. I have read the general release and understand its terms and conditions.

By entering my name below, I understand that I am providing a signature which will serve as authorization to the above named individuals to sign for release of my child.

**This is the email address \_\_\_\_\_ and mobile number \_\_\_\_\_  
to contact me in case of a school emergency.**

**Parent/Guardian Signature \_\_\_\_\_**

**Date \_\_\_\_\_**