



MEDICAL CONSENT FORM 2025-2026

Student: _____
DOB ____/____/____ Gender: Male or Female
Grade for 2025-2026 School Year: _____

Name of First Emergency Contact (Parent): _____

Phone Number of First Emergency Contact (Parent): _____

Name of Second Emergency Contact (Parent/Other): _____

Phone Number of Second Emergency Contact (Parent/Other): _____

Primary Student Address: _____

Please list all siblings (first and last names) attending LCA: _____

Allergies: (If Yes, Please List):

Allergy to Medication? No _____ Yes _____
List: _____ Yes _____ List: _____

Allergy to Food?..... No _____ Yes _____ List: _____
No

Other Allergies?..... No

Has your child ever had an anaphylactic reaction?..... No _____ Yes _____
If yes for anaphylactic reaction, please describe and put approximate date of latest incident: _____

Does your student have an EPI pen/device? No _____ Yes _____
If yes for EPI pen/device, will your student have EPI pen/device at school? ... No _____ Yes _____

Note: If your student is prescribed an EPI pen/device and you choose to not provide one for your student at school, we do NOT have "extra" medication at school in case of anaphylactic emergency. We will initiate our emergency protocol in any anaphylactic situation regardless if student has an EPI pen/device on campus but we STRONGLY urge you to provide one for your student. Medical Condition/ Current Diagnosis:

Asthma?.....No _____ Yes _____
Does your student have an inhaler?..... No _____ Yes _____
If yes for inhaler, will your student have inhaler at school?No _____ Yes _____
Type 1 Diabetes?No _____ Yes _____
If yes for Type 1 Diabetes, does your student have an insulin pump..... No _____ Yes _____
Type 2 Diabetes?No _____ Yes _____
Seizures?No _____ Yes _____
If yes for seizure, when was your student's last seizure? _____
Please describe type of seizure: _____
Sickle cell trait or disease?..... .No _____ Yes _____
ADD/ADHD?No _____ Yes _____
Hearing Loss?No _____ Yes _____

Any other medical condition that affects your student's long term health?.....No _____ Yes _____ If yes, please

describe:

Does your student have a Medical 504 plan?..... No _____ Yes _____

If yes for Medical 504 plan, please list:

Note: All medications that are brought to LCA must have a current pharmacy label/original container and paperwork filed at the office. Only approved medications may be in student's possession ONLY AFTER BEING GIVEN APPROVAL FROM LCA STAFF

Over the Counter Medications:

I authorize Learners Christian Academy trained staff and trained assistants to administer to my student over-the-counter medications, if warranted and per manufacture instructions such as:

- Cream/sprays for itches/rashes? No _____ Yes _____
- Ointments/sprays for mild scrapes? No _____ Yes _____
- Acetaminophen/Ibuprofen for mild head and/or body aches/fever?..... No _____ Yes _____
- Antacids for upset stomach aches? No _____ Yes _____

Signed Consent for Treatment Valid for School Year 2025-2026 at Learners Christian Academy

1. Medical Consent to Treat

I authorize Learners Christian Academy to treat minor medical occurrences such as scrapes, bumps, minor injuries, removal of simple splinters and similar and authorize LCA nursing team to communicate pertinent medical information (medical conditions, allergies, and/or medical regimens) to be given to those who teach/supervise my student.

I authorize emergency medical care to be given to my student by an appropriate health care provider under whatever conditions are necessary to preserve the life, limb or well-being of my student. I realize that LCA will contact me at the earliest possible time or prior to treatment if possible.

2. Insurance Coverage

I understand that the student accident insurance carrier by the Florida Conference of Seventh-day Adventists is the insurance carrier. Financial responsibility for any accident incurred during school sponsored functions will be negotiated with Florida Conference and with the student's family health insurance carrier. This may be a lengthy process.

3. Participation in Sports Activities

I authorize my student to participate in athletics (PE class, playing during recess and breaks) realizing that such activities involve potential for injury. I acknowledge that even with the best coaching and supervising and the strict observation of the rules, injuries are still possible. On rare occasions, these injuries are severe and may result in disability, paralysis, and even death.

b. I remain fully responsible for any legal responsibility, which may result from any personal actions taken by my student.

All consents above are valid for the school year 2025-2026 and are intended to allow Learners Christian Academy staff/personnel and faculty to better serve my student. I agree that a photocopy of this consent or a copy sent by email, or form of electronic health record is to be accepted by any health care provider.

Signature of Parent/Legal Guardian Printed Name Date

Who is personally known to me Whose identity I proved on the basis of _____

LCA Witness Signature Printed Name Date