

Student Name _____

Medical Authorization

Authorization for Emergency Medical Treatment of a Minor

The undersigned parent(s)/guardian(s) of the above-named student give their consent for emergency medical and surgical treatment of the student by a licensed Colorado physician, hospital, or rescue squad should his/her condition so require it in our absence. I/We acknowledge that Lutheran High School does not have any licensed medical personnel on staff, but I/we give the employees and agents of the school our permission to act in accordance with their best judgment and ability in any emergency situation. I/We hereby agree to release and indemnify The Colorado Lutheran High School Association and Lutheran High School, and their respective owners, directors, officers, trustees, employees and agents (collectively, the "Released Parties") from any and all liabilities, costs, damages, claims, demands, actions or causes of action whatsoever, including, without limitation, attorneys' fees and costs, arising from or relating to any injuries to the above-named student as a result of willful or negligent actions or failure to act regarding the specific illness, condition, or injury of the above-named student.

Authorization for Student to Carry/Self-Administer Medication

The undersigned parent(s)/guardian(s) authorize the above-named student to carry/dispense the following medication(s): _____

I/We hereby agree to release and indemnify The Colorado Lutheran High School Association and Lutheran High School, and their respective owners, directors, officers, trustees, employees and agents (collectively, the "Released Parties") from any and all liabilities, costs, damages, claims, demands, actions or causes of action whatsoever, including, without limitation, attorneys' fees and costs, arising from or relating to any injuries to the above-named student as a result of carrying, dispensing or taking of such medication(s).

Each of the undersigned certifies and agrees that she/he has carefully read this document, that she/he fully understands its terms and conditions and that she/he has signed it voluntarily and willingly. **THIS RELEASE SHOULD NOT BE SIGNED IF YOU DO NOT UNDERSTAND IT OR DO NOT AGREE WITH ITS TERMS.**

The above-named student and each parent or guardian must sign this release.

Student Signature

Date

Parent # 1/Guardian #1 Signature

Date

Parent #2/Guardian #2 Signature

Date