



LAKEVIEW CHRISTIAN

A · C · A · D · E · M · Y

155 West Central Entrance, Duluth, MN 55811 / www.lakeviewchristianacademy.com / 218-723-8844

Summer Daycare Permission Slips

Hand Sanitizer

I grant permission for Lakeview Christian Academy staff to use hand sanitizer on my child(ren) as it is needed. This is routinely used on the playground, field trips, and occasionally before a meal if we are not in the building.

Signature of Parent(s) or Legal Guardian(s) _____ Date _____
 _____ Date _____

Play Equipment and On-Property Activities

With the understanding that my child(ren) will be supervised by a staff member at all times, I give permission for my child(ren) to use the indoor and outdoor play equipment, and participate in all of the activities of the center. I also give permission for my child to participate in any walks, nature hikes, or other activities that take place on the Lakeview Christian Academy property.

Signature of Parent(s) or Legal Guardian(s) _____ Date _____
 _____ Date _____

Sunscreen

I give permission for Lakeview Christian Academy staff to apply sunscreen on my child(ren) as it is needed.

Signature of Parent(s) or Legal Guardian(s) _____ Date _____
 _____ Date _____

Medical Emergency

In the event of a medical emergency, we will attempt to contact you immediately. If you cannot be reached we need your consent to act on your behalf in order to obtain medical care for your child(ren) and transport your child(ren) to an emergency facility.

In the event of a medical emergency, if I cannot be reached, I authorize the staff of Lakeview Christian Academy to act responsibly on my behalf in order to obtain medical care for my child(ren). I also give permission for Lakeview Christian Academy staff to arrange for transportation of my child(ren) to the hospital of my choice _____ if necessary, and to contact my child(ren)s doctor or dentist.

I understand that I will be responsible for any costs that are incurred in the medical emergency.

Signature of Parent(s) or Legal Guardian(s) _____ Date _____
 _____ Date _____