



Kids' University
LLA Student Information
2018-19

Please fill out completely

Student Name: _____ Gender: M F

Birth Date: ____/____/____ Age: ____ Grade Entering '18: ____

Known FOOD ALLERGIES: _____

Student Name: _____ Gender: M F

Birth Date: ____/____/____ Age: ____ Grade Entering '18: ____

Known FOOD ALLERGIES: _____

Student Name: _____ Gender: M F

Birth Date: ____/____/____ Age: ____ Grade Entering '18: ____

Known FOOD ALLERGIES: _____

Address: _____

Parent or Guardian Emergency Contacts/Authorized Release:

Name: _____ Relationship (circle one): Father / Mother / Guardian

Cell Phone #: (____) _____ Text #: (____) _____

Work Phone #: (____) _____ Email: _____

Name: _____ Relationship (circle one): Father / Mother / Guardian

Cell Phone #: (____) _____ Text #: (____) _____

Work Phone #: (____) _____ Email: _____

Additional Emergency Contacts/Authorized Release:

1. Name: _____ Relationship: _____

Cell Phone #: (____) _____ Work/Home Phone #: (____) _____

2. Name: _____ Relationship: _____

Cell Phone #: (____) _____ Work/Home Phone #: (____) _____

3. Name: _____ Relationship: _____

Cell Phone #: (____) _____ Work/Home Phone #: (____) _____

Authorized Student Release

Students will be released to authorized individuals ONLY.

**** Please note that if a person comes to pick up your child and is not listed on this form they will not be allowed to pick up your child without an Elementary Placard. ****

Please keep this list current and updated.

Contact (4) Name: _____ **Relationship:** _____

Cell Phone #: (____) _____ Work/Home Phone # : (____) _____

Contact (5) Name: _____ **Relationship:** _____

Cell Phone #: (____) _____ Work/Home Phone # : (____) _____

Contact (6) Name: _____ **Relationship:** _____

Cell Phone #: (____) _____ Work/Home Phone # : (____) _____

Contact (7) Name: _____ **Relationship:** _____

Cell Phone #: (____) _____ Work/Home Phone # : (____) _____

Contact (8) Name: _____ **Relationship:** _____

Cell Phone #: (____) _____ Work/Home Phone # : (____) _____

Contact (9) Name: _____ **Relationship:** _____

Cell Phone #: (____) _____ Work/Home Phone # : (____) _____

Contact (10) Name: _____ **Relationship:** _____

Cell Phone #: (____) _____ Work/Home Phone # : (____) _____

Contact (11) Name: _____ **Relationship:** _____

Cell Phone #: (____) _____ Work/Home Phone # : (____) _____

I authorize all individuals listed on both sides of this form to sign for the release of my child.

Parent/Guardian Signature

Date

General Release Form

I agree to hold harmless Loma Linda Academy, Kids' University, 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 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.

Parent/Guardian Signature

Date