

Medical Care Authorization and Release

In the event that I cannot be contacted in a medical emergency, or other urgent medical situation requiring urgent care for my child, I acknowledge that Kritijonas Donelaitis Lithuanian School (KDLS) employees, volunteers, and associates have my permission to contract emergency care professionals, including paramedics, or to take my child to the emergency room of the nearest hospital.

I hereby further authorize emergency care professionals and medical staff to provide treatment determined to be necessary for the wellbeing of my child and will assume all financial responsibility.

I hereby release and forever discharge KDLS, its employees, volunteers, and associates from any claim whatsoever which arises or may hereafter arise on account of any first aid treatment or service rendered in the course of a medical emergency or other medical situation.

Child's name: _____

Known allergies and allergic reactions: _____

Signature of parent or guardian

Date

Signature of parent or guardian

Date

Signature of witness