



FIRST LUTHERAN  
CHURCH AND SCHOOL

## Parent Permission Medical Release Form

Child's name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ SS# \_\_\_\_\_ (optional)  
Medical Insurance provider \_\_\_\_\_

Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_  
Employer \_\_\_\_\_ Employer \_\_\_\_\_  
Work phone # \_\_\_\_\_ Work phone # \_\_\_\_\_  
Cell # \_\_\_\_\_ Cell # \_\_\_\_\_

Name of Relative/friend \_\_\_\_\_  
Home phone # \_\_\_\_\_ Work phone # \_\_\_\_\_

Out of area contact (in case of natural disaster) \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Special instructions if child is injured or ill \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This permission form is effective at any time my child is attending or receiving services from First Lutheran School.

(Complete Form on back)

January 2024

MEDICAL HISTORY OF CHILD  
Allergies to food, medication etc:

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Chronic or existing diseases or medical problems (e.g. Diabetes, seizures, infections)

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Medications and dosage your child is now taking:

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Date of last tetanus booster:

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Learning and emotional disabilities:

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Special situations that may affect your child's ability to learn:

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**Medical Insurance Carrier:**

\_\_\_\_\_  
Identification Number

\_\_\_\_\_  
Member's Name

\_\_\_\_\_  
Benefit Code

\_\_\_\_\_  
Account Number

*Medical Release:* I authorize First Lutheran School to seek emergency medical treatment for my child. I give permission to the emergency physician to secure proper treatment and to order injection, anesthesia, or other emergency treatment if I (we) cannot be contacted. It is understood that a conscientious effort will be made to locate me or my spouse before action is taken. But if it is not possible to locate us, I accept the expense. In the event of life-threatening emergency, I understand that "911" will be called to take my child to St. Peter's Hospital.

\_\_\_\_\_  
Parent/guardian's signature

\_\_\_\_\_  
Date: