



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)

MEDICAL HISTORY OF CHILD

Allergies to food, medication etc:

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

Medications and dosage your child is now taking:

Date of last tetanus booster:

Learning and emotional disabilities:

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

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: