

# OUR SAVIOR'S LUTHERAN SCHOOL - EMERGENCY INFORMATION

Student's Name (last name first) \_\_\_\_\_ Grade \_\_\_\_\_  M  F Sex \_\_\_\_\_ Birthdate (mo/day/year) \_\_\_\_\_

Address where student resides \_\_\_\_\_ Home Phone \_\_\_\_\_

Student resides with:  Both Parents  Mother Only  Father Only  Mother & Stepfather  
 Father & Stepmother  Other (explain) \_\_\_\_\_

In the event of an emergency, please first call the following parents:

1. Name \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Page \_\_\_\_\_

2. Name \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Page \_\_\_\_\_

If I/we cannot be contacted, the following step-parent, close relatives, neighbors, friends or baby-sitter may be called and/or may pick up my child *in this order*:

1. Name \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Relation \_\_\_\_\_

2. Name \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Relation \_\_\_\_\_

3. Name \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Relation \_\_\_\_\_

4. Name \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Relation \_\_\_\_\_

I/We the undersigned parent(s) or legal guardian(s) of \_\_\_\_\_, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the medicine practice act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California, Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his best judgement, may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

I/We give my/our permission for \_\_\_\_\_ to accompany his/her class on all field trips throughout the current school year. If transportation is needed, it will be provided by the school. Children will always be accompanied by the teacher and will be under adequate supervision.

Allergies to drug or foods: \_\_\_\_\_

Any special medications or pertinent information: \_\_\_\_\_

Last Tetanus Toxoid booster (month and year): \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_