

# Trinity Lutheran School Emergency Information and Medical Consent Form

Please complete every box

2011-2012

Student's Last Name	First Name	MI	Date of Birth	Grade
Address		City		Home Phone Number ( )
Subdivision		Zip Code		Subdivision

Mother's Name	Address (if different)	Home Phone #	Work Phone #	Cell Phone #
Father's Name	Address (if different)	Home Phone #	Work Phone #	Cell Phone #

Mother's Email:	Father's Email:
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In the event of an emergency, if you are unable to be reached, please list in order who should be contacted next.  
(eg. grandparents, relatives, neighbors, friends)

Name	Phone Number	Relationship
1 <sup>st</sup>		
2 <sup>nd</sup>		
3 <sup>rd</sup>		

## Medical Information:

Physician's Name	Phone Number
Dentist's Name	Phone Number
Drug or food allergies, or any known medical condition:	

## Insurance Information:

Insurance Company	Insured's Name
Policy#	Group #

I authorize the following persons to pick-up my child from school:

Name	Phone Number	Relationship

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

# MEDICAL CONSENT FORM

Parents' Names \_\_\_\_\_

Names of child (children)

	<u>First name</u>	<u>Last name</u>	<u>Date of birth</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

We hereby appoint: Trinity Lutheran Church and School teachers  
4740 North State Highway 83 Franktown, CO 80116

and any of their agents to take the following steps should any of the above listed children become ill or injured while under school supervision

1. Contact a parent or guardian of the student and follow his or her instructions;
2. Contact the emergency person on the student emergency card
3. In the event neither parent, guardian, or emergency contact can be reached, contact the student's physician and follow his or her instructions
4. If the student's physician cannot be reached, contact at their discretion a licensed, practicing physician and follow his or her instructions.

As the persons who, in my/our absence shall be authorized to consent for all medical and/or surgical treatment and/or special procedures (including by way of illustration and not limitation, administration of anesthesia, blood transfusions, diagnostic tests, etc.) which may be required during our absence. Without in any manner limiting the foregoing appointment and authorization, if circumstances permit, I/we would like to have our doctor consulted in connection with such medical and/or surgical treatment and/or special procedures.

Emergency personnel (EMT's) its officers and personnel and any physician providing medical or surgical services to any child named above may rely upon the consent of authorization executed by the above named appointee with the same force and effect as if personally executed by us.

The consent and authorization shall include and extend to all matters for which consent or authorization is required under our insurance policies. This authorization shall be effective until May, 2011

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_

**PRESCRIPTION MEDICATION** will be administered only if it is set in the original container labeled by the pharmacist.

**OVER THE COUNTER** (non-prescription medications (i.e. Advil, Benadryl, etc.) supplied by the parent in the original container) may be given when absolutely necessary, with signed permission from the parent and dosage instructions.

Trinity Lutheran School personnel has permission to dispense the following non-prescription medications to:

Student's Name		Medication		Medication
Student's Name		Medication		Medication
Student's Name		Medication		Medication
Student's Name		Medication		Medication

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_