Pacific Lutheran High School Emergency Contact & Medical Information for a Child

Child's Full Legal Name

Date of Birth

M F
Sex

Mother's/Guardian's Name

Father's/Guardian's Name

( ) Home Phone

( ) Cell Phone

( ) Home Phone

( ) Cell Phone

( ) Work Phone

from - Work Hours

( ) Work Phone

from - Work Hours

Home Address

Home Address

City, ST ZIP Code

City, ST ZIP Code

Alternative Emergency Contacts (If Unable to reach Parents/Guardians)

Primary Emergency Contact

( ) Home Phone

( ) Cell Phone

( ) Work Phone

Home Address

City, ST ZIP Code

Secondary Emergency Contact

( ) Home Phone

( ) Cell Phone

( ) Work Phone

Home Address

City, ST ZIP Code

Medical Information

Physician's Name

( ) Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

List Medications and Dosages (additional space on back if necessary)

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the even that neither parent/guardian can be reached in the case of an emergency.

X Parent's/Guardian's Signature

X Date

I give permission for my child to go on field trips. I release Pacific Lutheran High School and individuals from liability in case of accident during activities related to Pacific Lutheran High School, as long as normal safety procedures have been taken.

X Parent's/Guardian's Signature

X Date

Please notify the school immediately if any of this information changes. We need to be able to reach you in an emergency situation. We require that a new emergency card be completed each school year.