

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	
()	from -	()	from -	
Work Phone	Work Hours	Work Phone	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	Secondary Emergency Contact		
()	()		
Home Phone	Cell Phone	Home Phone	Cell Phone
()		()	
Work Phone		Work Phone	
Home Address	Home Address		
City, ST ZIP Code	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 event that neither parent/guardian can be reached in the case of an emergency.

X	X
Parent's/Guardian's Signature	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	X
Parent's/Guardian's Signature	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.