

2007-08 EMERGENCY & STUDENT RELEASE FORM

STUDENT'S NAME _____
 (First) (Last) (Gr.)

 (Street Address) (Apt.) (City) (Zip Code)

Date of Birth ____/____/____

Home Phone

Daytime Phones: (circle the phone that applies: H = home; W = work; C = cell; P = pager)

Parent's Name	Phone #1	Phone # 2
	H W C P	H W C P
	H W C P	H W C P

In the event of an emergency, list other persons to contact in order of preference.

<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>
1) _____	_____	_____

2) _____

Family Physician _____

Insurance Co. _____ Policy Number _____

Date of Last Tetanus Booster ____/____/____

Allergies to food or drugs _____

Special Medications or Pertinent Information _____

STUDENT RELEASE AUTHORIZATION

All authorized persons, including parents, relatives, friends, and neighbors, to whom the above children may be released from extended day care or following an emergency, such as an earthquake:

**Persons legally restricted from contact with the above named child(ren):
(Documentation is required.)**

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DISMISSAL PERMISSION

I hereby give permission for First Lutheran School to dismiss my child, _____,
from school at the end of the day or after-school activity without adult accompaniment.

Yes _____ Parent Initials: _____

OUT-OF-AREA EMERGENCY CONTACT

In the event of an earthquake, list an out-of-area contact.

Name _____ Phone (_____) _____

AUTHORIZATION TO TREAT A MINOR

(I)(We), the undersigned, parent(s) of _____, a minor,
do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical treatment and hospital
care to be rendered to said minor under the general or special supervision and upon the advice of a physician or
surgeon licensed under the provisions of the Medical Practice Act, or to consent to an x-ray, examination,
anesthetic, dental or surgical diagnosis or treatment by a dentist licensed under the provisions of the Dental
Practice Act. 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 sections 25.8 of the Civil Code of California.

It is further understood that permission is hereby granted to the agents of First Lutheran School to
obtain and administer such medical aid or assistance as might, in their judgment, be required for the immediate
care of the above-named child in the event such help of an emergency nature becomes necessary. In no event
will First Lutheran School, its officers, leaders or agents be held liable for any first aid treatment or hospital care
rendered or medication or surgical procedures performed pursuant to this consent.

This authorization form shall remain in effect until August 31, 2008.

(Date)

(Signature of Father, Mother, and/or Legal Guardian)