

EMERGENCY PROCEDURE AND MEDICAL RELEASE FORM
2017-2018 School Year

Student _____ **Grade** _____

I, _____ certify that my child is in good health and can participate in all normal activities of the group and that I have noted any exceptions below.

I understand that reasonable measures will be taken to safeguard the health and safety of the boys/girls and that I will be notified as soon as possible in case of emergency. However, in the event of sickness or accident, I will not hold the group leaders of Our Savior Lutheran School responsible. In the case of sickness, or accident, after reasonable attempts to reach us or an emergency contact person fail, we, the undersigned parents of _____, minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital services that may be rendered to said minor under the general special instructions of any licensed qualified physician, whether such treatment is rendered at the office of a physician or licensed hospital. It is understood that consent is given in advance of any specific diagnosis or treatment being required but is given to encourage chaperones of Our Savior Lutheran School and said physician to exercise his/her best judgment as to the requirements of such diagnosis or treatment. I authorize the calling of the physician and/or the providing of other medical services at my expense.

_____ Date _____ Signature of Parent/Guardian

Emergency Contacts (please list parent contact in priority order):

Name: _____ Circle One: Father Mother Other _____

Work Place: _____

Phone: (____) _____ (Home Work Cell)

Phone: (____) _____ (Home Work Cell)

Email: _____

Name: _____ Circle One: Father Mother Other _____

Work Place: _____

Phone: (____) _____ (Home Work Cell)

Phone: (____) _____ (Home Work Cell)

Email: _____

Please check any health issues which you have noted on the accompanying 2017-18 Student Health Registration Form, (allergies, prior medication conditions, etc.)

Medical History As noted on the Student Health Registration Form

Allergies As noted on the Student Health Registration Form

Medication As noted on the Student Health Registration Form

I am not aware of any allergy or medical issue regarding the health of my child.

Individual(s) to notify in case of emergency if parents cannot be reached. Please mark the box if the individual(s) is/are also authorized to pick up child.

Name Relation

Home Phone Cell Phone Email address

Name Relation

Home Phone Cell Phone Email address

Name Relation

Home Phone Cell Phone Email address

Physician Information:

Name Address Phone Number

Signature of Parent/Guardian Date