



Emergency Care and Desired Action Form

Child's Name: _____

List those who your child may be released to (for your child's protection photo ID may be asked for):

Name _____ Relationship _____ Home # _____ Work # _____ Cell # _____

Name _____ Relationship _____ Home # _____ Work # _____ Cell # _____

Name _____ Relationship _____ Home # _____ Work # _____ Cell # _____

Health Insurance Carrier _____

Policy # _____ Group # _____

Name of Child's Physician _____ Office Phone # _____

Office Address _____

Does the child have any known allergies? Yes No If yes, please explain _____

Does the child have physical handicaps Yes No If yes, please explain _____

List any maintenance medications: _____

Medical conditions your child has: _____

List any fears, unique behavior, etc. your child may have (use additional paper if needed): _____

If neither parent is reachable, whom may we release your child to in case of illness or emergency? (for your child's protection photo ID may be asked for): _____

Name _____ Relationship _____ Home # _____ Work # _____ Cell # _____

Name _____ Relationship _____ Home # _____ Work # _____ Cell # _____

If your child will need to take prescription medication at school, you will be required to fill out a separate form for each medication. All prescription medications taken at school must have a current pharmacy label with clear instructions for use.

Preferred Hospital _____

In case of serious injury/accident or accident requiring immediate medical attention, the student will be taken to the nearest hospital.

I agree that St. John's School may authorize the physician of their choice to provide emergency care in the event that neither parents nor the child's physician can be contacted immediately. I give permission to St. John's Lutheran School and its staff to administer First Aid and/or CPR if needed. I understand that multiple staff members are First Aid trained and CPR certified. I also give permission to St. John's Lutheran School and its staff to obtain medical treatment in the event of an emergency. I understand that we, the legal guardians, will be contacted immediately in the event of an emergency.

Parent/Guardian Signature: _____ Date _____