

Trinity Lutheran Church & Preschool

Emergency Form 2015-2016

Child's Name (Last, First)	Sex	Birthdate
Address		Phone
Father's Name		Work phone
Mother's Name		Work Phone
Father's Address & Phone (If different from above)		
Mother's Address & Phone (If different from above)		
Mother's Cell	Father's Cell	

Person Responsible for Child
Address and phone if not Parent

Additional Persons Who May Be Called In Emergency

Name	Address	Phone	Relationship

Names of Persons Authorized to Take Child From the Facility

(Child will not be allowed to leave with any other person without written authorization from parent or guardian)

Name	Relationship

Medical Information

Medical Conditions (if any, please list):

Allergies (if any, please list):

Consent for Medical Treatment

As the parent, agency representative or legal guardian, I hereby give consent to Trinity Lutheran Church to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for _____ This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Waiver

As the parent, agency representative or legal guardian, I the undersigned _____ hold harmless Trinity Lutheran Church for any and all damages, injuries or losses that may be sustained by _____ while in the care of Trinity Lutheran Church.

(Parent, agency representative or guardian signature)