



**PARENT/GUARDIAN SIGNATURE AND MEDICAL RELEASE**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

IN CASE OF EMERGENCY LIST TWO ALTERNATE CONTACTS: (OTHER THAN PARENTS)

PHONE NUMBERS:

NAME _____	RELATIONSHIP _____	Home _____	Cell _____	Work _____
NAME _____	RELATIONSHIP _____	Home _____	Cell _____	Work _____

Physician's Name _____	Dentist's Name _____	Preferred Hospital _____
Phone Number _____	Phone Number _____	Phone Number _____

I wish to be notified if my child goes to the clinic.

List all medication this child is taking (prescription and over-the-counter) and the reason for taking them:

List allergies to medicine, food or other allergens, and any medical information such as physical impairments and assistive devices, that school staff or emergency personnel need to be aware of, attach documentation if necessary:

Has your child had Chicken Pox?  Yes  No      Has your child received the Varicella (Chicken Pox) vaccine?  Yes  No

Has your child received any recent immunizations?  Yes  No (If yes, please attach documentation with dates and type of immunizations received.)

Names and grade levels of siblings attending Risen Christ Lutheran School:

\_\_\_\_\_  
\_\_\_\_\_

All information is complete and correct. I am the child's custodial parent or legal guardian. I grant permission to my child's school, in an emergency when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital, and the hospital and its emergency staff have my authorization to provide treatment which a physician deems necessary for the wellbeing of my child.

Signature(s) of Parent/Guardian _____	Parent/Guardian Name(s) PRINT _____	Date Signed _____
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**PARENT REFUSAL TO CONSENT FOR MEDICAL TREATMENT**

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish to school authorities to take the following actions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Name \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_