

Permission To Treat: In case of accident or serious illness, I request the school to contact me/us. If I/we cannot be reached, I/we authorize the school to make whatever arrangements it deems necessary to ensure the health and welfare of my/our child.

_____ / ____ / ____
Parent/guardian signature **Date**

Emergency Contacts: If parents/legal guardian are not available, I/we authorize the persons listed below to serve as emergency contacts for my/our child (*must provide at least 2 names*):

Name	Relationship to child	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Important Health History:

No Yes

_____ Allergies: If yes, please list _____

_____ Chronic Illnesses: _____

_____ Regular Medications: _____

Is there any other medical/emotional information the school may need to know about your child?

Permission to Administer OTC medications:

I give Central Lutheran School and any of its representatives permission to administer the following meds, according to package directions. My signature below absolves the school of any responsibility/legal remedy in the event the child suffers ill effects due to the administration of the following meds:

	Yes	NO
Acetaminophen (generic or brand name)	_____	_____
Ibuprofen (generic or brand name)	_____	_____
Tums/Rolaids/Pepto Bismol	_____	_____
Antihistamine (generic or brand name)	_____	_____

_____ / ____ / ____
Parent signature **Date**