

EMERGENCY PROCEDURE

Grade: _____ 2006-2007

STUDENT: _____	Birth date: _____
Social Security #: _____ - _____ - _____	Religion: _____
Address: _____	City, State, Zip: _____

MOTHER / guardian: _____	Cell #: _____
Home #: _____	Work #: _____
Address: _____	City, State, Zip: _____

FATHER / guardian: _____	Cell #: _____
Home #: _____	Work #: _____
Address: _____	City, State, Zip: _____

Additional emergency contacts:		
1) _____	relationship: _____	
Home #: _____	Work #: _____	Cell #: _____
2) _____	relationship: _____	
Home #: _____	Work #: _____	Cell #: _____
3) _____	relationship: _____	
Home #: _____	Work #: _____	Cell #: _____

In case of emergency (designate order 1-6):	
_____ contact mother/guardian	_____ take child to nearest hospital's emergency room
_____ contact father/guardian	_____ take child to any licensed physician
_____ contact family physician	_____ other: _____

FAMILY PHYSICIAN: _____	#: _____
FAMILY DENTIST: _____	#: _____
LAST TETANUS SHOT: _____	ALLERGIES: _____
MEDICATIONS: _____	
RECENT MEDICAL HISTORY (illness, surgery, etc.): _____	
SIGNIFICANT MEDICAL HISTORY: _____	
ADDITIONAL INFORMATION REGARDING TREATMENT: _____	
INSURANCE COMPANY: _____	
<i>(Include a front-and-back copy of your family insurance card with this form.)</i> _____	

Who has permission to pick up your child?		
1) _____	relationship: _____	
Home #: _____	Work #: _____	Cell #: _____
2) _____	relationship: _____	
Home #: _____	Work #: _____	Cell #: _____

Parent/guardian initial here: _____

PLEASE COMPLETE REVERSE SIDE

**DELEGATION OF RIGHT TO CONSENT TO
MEDICAL AND DENTAL TREATMENT OF A MINOR CHILD**

I am parent/guardian of _____ / (child's age): _____, a minor of whom I have legal custody. I authorize the principal, teacher, or coach of St. Paul Lutheran School, West Point, Nebraska, in my absence to consent to medical, surgical, or dental treatment and diagnosis to be rendered to the above minor under the supervision and on the advice of any physician or surgeon or dentist licensed to practice in the state of Nebraska.

This delegation is intended to be in effect from August 16, 2006, to May 17, 2007.

Dated this _____ day of _____, 2006.

signature of parent/guardian

signature of witness (age 21 or older)

COPY OF INSURANCE CARD

(If you have the card with you at time of registration, we can make this front-and-back copy for you.)