

Student's Name _____

GRACE LUTHERAN SCHOOL
EMERGENCY CONTACT DATA AND PERMISSION FOR TREATMENT FORM
SCHOOL YEAR 2010-2011

Parent's or Guardian's Name		Home Phone Number ()
Father's Work Phone Number ()	Mother's Work Phone Number ()	Guardian's Work Phone Number ()
Emergency Contacts Family Doctor or Pediatrician: _____ Phone Number: _____ In the event of an emergency the school will first place a call to the home. The school may be unable to complete this call. With that in mind, please list the order in which you wish your emergency numbers listed on this page be contacted. 1. _____ Phone Number _____ 2. _____ Phone Number _____ 3. _____ Phone Number _____		
Insurance Company Name & Address Phone Number ()	Policy Number Insured information	
Medicines the child is taking:		
Please list any unusual health conditions, such as allergies, diabetes, heart condition, etc.		
I authorize the school to transport the ill or injured child by car or ambulance to Inova Fairfax Hospital. If the injury should occur during school activities outside the school facility, the teacher has permission to take the student to the nearest <u>medical facility</u> .		Date:
Signature of Parent or Guardian: _____		_____