

IGLLS Emergency Contact and Medical Information for a Child

Iowa Great Lakes Lutheran School, 1311 E. 18th St, Spencer, IA 51301

Child's Name _____

Date of Birth _____ Sex **M** **F**

Parent's/Guardian's Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Address _____ City _____ State _____ ZIP Code _____

Parent's/Guardian's Name

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Address _____ City _____ ST _____ ZIP Code _____

Alternative Emergency Contacts Persons to contact in case of emergency if parents are unavailable, and are authorized to pick up the child. Primary Emergency Contact

Secondary Emergency Contact

Name _____

Home Phone _____ Work Phone _____

Home Phone _____

City _____ ST _____ ZIP _____

Medical Information

Phone Number

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

I do/do not give permission to IGLLS to give my child Tylenol (or its generic equivalent) if needed.

Parent's/Guardian's Signature

Date