

## IGLLS Emergency Contact and Medical Information for a Child

Iowa Great Lakes Lutheran School, 1311 E. 18<sup>th</sup> St, Spencer, IA 51301

Child's Name		Date of Birth		M	F
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>			
Parent's/Guardian's Name		Parent's/Guardian's Name		Sex	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>			
Home Phone	Work Phone	Home Phone	Work Phone		
( )	( )	( )	( )		
Cell Phone		Cell Phone			
( )		( )			
Email Address		Email Address			
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>			
Address ,City, ST ZIP Code		Address ,City, ST ZIP Code			
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>			
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>			

### 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			
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>			
Home Phone	Work Phone	Home Phone	Work Phone		
( )	( )	( )	( )		
City, ST ZIP		City, ST ZIP			
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>			

### Medical Information

Hospital/Clinic Preference		Phone Number	
<input style="width: 100%;" type="text"/>		( )	
Physician's Name		Phone Number	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Insurance Company		Policy Number	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	

### 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