



Lutheran High School  
2019-2020

Emergency and Travel and Treat Information

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**AUTHORIZED EMERGENCY CONTACTS FOR INJURY OR ILLNESS:**

Father's Name \_\_\_\_\_  
**Numbers you can be reached at during school/after school activities** cell \_\_\_\_\_ work \_\_\_\_\_  
Father's Email \_\_\_\_\_

Mother's Name \_\_\_\_\_  
**Numbers you can be reached at during school/after school activities** cell \_\_\_\_\_ work \_\_\_\_\_  
Mother's Email \_\_\_\_\_

In case parents or guardians cannot be reached, listed below are authorized names to be contacted during school hours.

Name \_\_\_\_\_ Relationship to student(s) \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student(s) \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student(s) \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_ Insurance \_\_\_\_\_ ID # \_\_\_\_\_

Please include any specific information regarding emergencies \_\_\_\_\_

My Student \_\_\_\_\_ is allergic to (include medications) \_\_\_\_\_

My Student \_\_\_\_\_ is allergic to (include medications) \_\_\_\_\_

- Yes \_\_\_ No \_\_\_ Lutheran High School is authorized to obtain emergency medical treatment for my student(s) as specified in 2019-2020 school year contract.
- I understand that all medication(s) must be dispensed and stored in the school office with the exception of prescription Asthma Inhalers, Epi Pen Auto Injectors and Insulin injectors.
- I give permission for my student(s) to travel to: field trips, athletic events, and other school sponsored activities, under the supervision of a responsible adult. I understand that reasonable safety precautions will be taken and understand the insurance coverage is adequate.
- My student(s) understands that he/she is responsible for conducting themselves in a manner that will not endanger themselves or others during school or in after school events.

NOTE: In case of emergency medical care, a copy of this form will be given to a paramedic, doctor or dentist.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_