

**FIRST EV. LUTHERAN SCHOOL**  
CHRISTIAN PRESCHOOL  
EMERGENCY-AUTHORIZATION FORM 2020-21

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parents:

Telephone Numbers:

1. \_\_\_\_\_ Work: \_\_\_\_\_  
Home: \_\_\_\_\_

2. \_\_\_\_\_ Work: \_\_\_\_\_  
Home: \_\_\_\_\_

Relative Alternate:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Other significant medical information:

**Name(s) of person(s) authorized to take child from the Christian Preschool:**

NAME	ADDRESS	PHONE
1. _____	_____	_____
2. _____	_____	_____

(OVER)

**Name(s) of person(s) not authorized to take child from the Christian Preschool:**

1. \_\_\_\_\_
2. \_\_\_\_\_

**In case of emergency First Lutheran should contact:**

	<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE</b>
1.	_____	_____	_____
2.	_____	_____	_____

**I give permission to:** First Lutheran School Staff to make whatever emergency, (e.g., first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of First Lutheran School.

**In the case of medical emergency,** I understand that my child will be transported to: Glencoe Area Health Center by the local emergency unit for treatment if the local resource, (Police, Rescue Squad), deems it necessary. The child will be transported at the expense of the parent.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's doctor, and/or other adult acting on the parent's behalf.

First Lutheran has authorization for taking photos of my child (classroom, yearbook, etc.) for publicity purposes.

First Lutheran has authorization for administering "Ipecac" in the case of accidental poisoning.

**DATE:** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_  
(PARENT OR GUARDIAN)