

**Good Shepherd Lutheran Church  
Emergency Consent Form  
for**

**Please print in ink:**

Name: \_\_\_\_\_

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

City State Zip

*This Emergency Consent Form will be used as authorization for treatment if a parent or guardian cannot be reached or cannot be with a child when such urgent care is needed.*

The undersigned, being the parents or legal guardians of \_\_\_\_\_ do hereby grant permission to obtain any and all urgent medical care and treatment for our child. This authorization includes admission to a hospital or medical care facility if, at the time of injury or illness in my absence, a physician determines such hospitalization is necessary. The undersigned hereby expressly agrees to pay all charges incurred on behalf of our child.

\_\_\_\_\_  
Mother's Signature Date

\_\_\_\_\_  
Mother's Place of Employment Business Phone Home Phone

\_\_\_\_\_  
Mother's Pager/Cell

\_\_\_\_\_  
Father's Signature Date

\_\_\_\_\_  
Father's Place of Employment Business Phone Home Phone

\_\_\_\_\_  
Father's Pager/Cell

Medical Information – Please provide the following information so medical staff can treat your child, complete medical records, and initiate your insurance claims.

Child's Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Last tetanus shot: \_\_\_\_\_

Special Medical Conditions: \_\_\_\_\_

(Include date of medications, major illness, hospitalizations, behavior concerns during the past year.)

Does your student wear 9 glasses 9 contacts

Name of child's physician: \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

Name of child's dentist: \_\_\_\_\_ Dentist's phone number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Additional Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Updated: \_\_\_\_\_  
Date Initial Date Initial

\_\_\_\_\_ Date Initial Date Initial