

ST. JOHN LUTHERAN SCHOOL

FIELD TRIP PERMISSION---EMERGENCY MEDICAL RELEASE

I hereby give my permission for my child to be transported to and from supervised field trips of which I have been given prior notice. I release St. John Lutheran Church and it's school/child care program from any liability in the event of an accidental injury. I also give my permission to St. John Lutheran Church, school/child care to obtain medical attention for my child in an emergency situation.

GENERAL INFORMATION

Child's Name _____ Birth Date _____

Address _____ 2nd Address _____
(If parents live separately)

PARENTS:

Name _____ (H)Phone _____
Cell Phone _____
Employer _____ (W) Phone _____

Name _____ (H)Phone _____
Cell Phone _____
Employer _____ (W) Phone _____

Child's Doctor _____ Phone _____

Medical Insurance company _____ Policy # _____

ALTERNATE EMERGENCY CONTACTS

(with permission to transport child)

1) Name _____ Daytime Phone _____

2) Name _____ Daytime Phone _____

3) Name _____ Daytime Phone _____

MEDICAL HISTORY

Allergies _____ Medications _____

Surgery, serious illness, major injuries; Please list with dates, _____

_____ Date of last tetanus (DPT-DT) _____

MEDICAL RELEASE:

I hereby request and permit Salem Hospital Emergency Center Physician and any other physician he or she may wish to delegate and Salem Hospital personnel to render to the above named child/patient any medical/surgical treatment required in my absence.

Parent's Signature _____ Date _____