



# Immanuel Lutheran School

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## EMERGENCY MEDICAL & PERMISSION FORM

*This form must be completed annually for each child enrolled*

Name of child \_\_\_\_\_ Birth date \_\_\_\_\_

Home address \_\_\_\_\_ Telephone \_\_\_\_\_

Parents/guardians \_\_\_\_\_ Address, if diff. \_\_\_\_\_

Father's place of employment \_\_\_\_\_ Work phone \_\_\_\_\_

Best way to be reached \_\_\_\_\_

Mother's place of employment \_\_\_\_\_ Work phone \_\_\_\_\_

Best way to be reached \_\_\_\_\_

Day care provider \_\_\_\_\_ Daycare telephone \_\_\_\_\_

### Emergency Medical Numbers:

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Child's Eye Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Health Insurance Source \_\_\_\_\_ Policy # \_\_\_\_\_ Hospital Preference \_\_\_\_\_

### Please check if any of the following exist:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Asthma        | <input type="checkbox"/> Heart Condition  | <input type="checkbox"/> Hearing Impairment        | <input type="checkbox"/> Diabetes           |
| <input type="checkbox"/> Epilepsy      | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Vision Impairment         | <input type="checkbox"/> Cancer             |
| <input type="checkbox"/> Frequent Cold | <input type="checkbox"/> Frequent Earache | <input type="checkbox"/> Other Physical Impairment | <input type="checkbox"/> Medication Allergy |

Allergies or medical problems not listed above \_\_\_\_\_

I hereby give Immanuel Lutheran School permission to use one or more of the following in accordance with the direction for use on the container.

- Sunscreen     Baby Wipes     Insect Repellent     Antibiotic Cream for superficial wound     Hand Sanitizer

List two people who will assume medical responsibility for your child in the event that you cannot be reached.

*(These same people need to be listed on the Pick-up Permission form)*

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### Please read and initial the following:

- I agree to support the teachers in their efforts to educate this child.
- I agree to attend my home church and Sunday school with this child as often as possible.
- I will have this child participate in school events occurring on weekends such as singing in church, sporting events etc.
- I agree to pay all enrollment and other fees prior to the start of the school year.
- I agree to pay all tuition and any other fees on behalf of my child on a timely basis as they become due.
- I hereby give **Immanuel Lutheran School staff** permission to act in an emergency situation when any of the above guardians cannot be reached, or are delayed in arriving. I understand that the paramedics are the source of emergency care in our area. I further understand that any costs incurred are my financial responsibility.
- I authorize Immanuel Lutheran School to use my child's picture in connection with publicizing the school in the newspaper, brochures, school website, social media, etc.
- I give permission for observation of our child by approved visitors in childhood development for licensing by the State of Minnesota or evaluation of Immanuel Lutheran School and staff. All other visitors, procedures or materials used in the school will be carefully screened by Immanuel Lutheran School staff.

Signature \_\_\_\_\_ Printed name \_\_\_\_\_ Date \_\_\_\_\_