



Emergency Contact Information & Medical Release Form 2012-2013

Hope Lutheran School
2071 12th St., Idaho Falls, ID 83404

Basic Information

Child's Name: _____ Grade / Class: _____ Date: _____
Home Address: _____ Date of Birth: _____
Street City State Zip
Home Phone: _____ Primary Cell Phone: _____ M / F
(Gender)

| | |
|--------------------------------|--------------------------------|
| Father or Guardian Name: _____ | Mother or Guardian Name: _____ |
| Home Address: _____ | Home Address: _____ |
| Home Phone: _____ | Home Phone: _____ |
| Cell Phone: _____ | Cell Phone: _____ |
| Email: _____ | Email: _____ |
| Employer: _____ | Employer: _____ |
| Business Address: _____ | Business Address: _____ |
| Work Phone: _____ | Work Phone: _____ |

Medical Care

Doctor: _____
Name Address City State Zip Phone

Does your child have insurance coverage? No Yes Name of Insurance Company: _____

In case of injury or sudden illness, call _____ first. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. I understand that the expense of this service will be paid by me.

Is child allergic to food or other substances? No Yes (If yes, name foods or substances to be avoided and procedures to follow if reactions occurs.) _____

Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, etc.)? _____

Other special instructions (please attach doctor's instructions): _____

The following types of medications may be given to my child for minor aches and pains (leave blank if you do not wish for your child to receive any such medications): _____

Medical Care (Continued)

List any medications that are taken regularly as well as any specific instructions regarding these medications: _____

Any applicable medications listed above have been provided and can be located in the office: No Yes

Emergency Contacts

In case of emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

(Name) (Relationship)

(Name) (Relationship)

(Address)

(Address)

(Home Phone) (Cell)

(Home Phone) (Cell)

(Name) (Relationship)

(Name) (Relationship)

(Address)

(Address)

(Home Phone) (Cell)

(Home Phone) (Cell)

The following individual(s) specifically may NOT remove my child from the facility:

| |
|----------|
| Name(s): |
|----------|

Custody papers have been provided and are on file at the facility. No Yes

Additional Comments: _____

This **Emergency Contact Information & Medical Release Form** is accurate and complete, front and back, and was provided by:

(Father's Signature or Legal Guardian) (Date)

(Mother's Signature or Legal Guardian) (Date)