

**St. John's Lutheran Church Early
Childhood Center
Emergency Contact Form 2024/2025**

Program: _____

Student Name: _____

Address: _____

Email Address: _____

Telephone: Home: _____ Cell: _____ Work: _____

Sex: _____ Date of Birth: _____

Health History

Allergies: _____

Special Medical Conditions: _____

Medications: _____

Other: _____

My child may be released to:

Name: _____ Phone#: _____ Relation to the child: _____

Name: _____ Phone#: _____ Relation to the child: _____

Name: _____ Phone#: _____ Relation to the child: _____

**Permission To Receive Emergency
Medical Care**

Agreement:

I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, and the services provided by the facility. In case of accident or injury, I authorize any and all medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital necessary for the proper health and well-being of my child. Steps may include, but are not necessarily limited to or followed in this order:

1. Provide emergency first aid and/or call 911.
2. Attempt to contact parent or guardian.
3. Attempt of contact any of the other persons that have been listed on this form as emergency contacts.
4. Attempt to contact your child's physician.
5. As the situation warrants, we may call an ambulance, or take child to an emergency hospital in the company of a staff member.

I understand that the school cannot assume responsibility for the payment of medical fees or expenses incurred.

Signature (Parent/Legal Guardian) _____

Date: _____

Emergency Notification:

Mother: _____

Father: _____

Other (Relation to the child): _____

Physician: _____

Dentist: _____