

Emergency Pre-Consent Form

There may be a time when our school is not able to contact a parent in an emergency. In case of medical emergency, parent permission for treatment is usually required. The form below gives us information we need in case of such emergencies. It also authorizes emergency medical treatment if you can not be reached. Please fill one out for each of your children attending PLS. Your child's teacher will have this form in the classroom and will take it on every field trip. Athletic coaches will take a copy to all away games also.

Child's Information (Please include your child's full **legal name, preferred name,** and physical/ mailing addresses).

Child's Name: _____ Child's Address: _____ POBOX: _____
 Child's Grade: _____ Date of Birth: _____ Child's Church: _____ Baptism Date: _____

Medical Information

Child's Physician: _____ Physician's Phone: _____
 Known Allergies: _____

Any medical conditions that would affect participation in Phy. Ed. or Athletics? _____

Date of Last Tetanus Shot: _____

Glasses: Y or N When worn? _____
 Hearing Problems? _____

Emergency Pre-Consent Information

___ Yes ___ No I hereby consent to and authorize emergency medical treatment which you judge necessary for my child, in the event I cannot be reached.
 ___ Yes ___ No I have reviewed this information sheet, and verified that all information provided is correct.
 ___ Yes ___ No I give my consent to share this information with school health services personnel on a need-to-know basis for the purpose of administering emergency care to my child.

Father's Signature: _____ Date: _____
 Mother Signature: _____ Date: _____

Insurance Information

Insurance Provider: _____
 Policy Number: _____
 Policy Holder: _____

Theme of 2018-19: Psalm126:3 IF PTF will sponsor a free t-shirt for each enrolled child. Please select the correct size for your child below.

Circle one: Youth XS S M L XL Adult S M L XL 2XL 3XL 4XL

Please order additional shirts for family member(s) (you will be notified of price prior to ordering). Indicate size(s) here: _____ - (cost was \$10 for family shirts last year)

Contact Information

Father's Name:		Employer:	
Home Phone:	Work Phone:	Cell Phone:	
Email Address:			
Mother's Name:		Employer:	
Home Phone:	Work Phone:	Cell Phone:	
Email Address:			
Emergency Contact:		Phone Number:	
Snow Home:		Phone Number:	

**Note: If you do not designate a snow home, your child will be assigned to one (Grades PreK-4 in Gibbon, Grades 5-8 in Fairfax). "Snow homes" are used during times of inclement weather when the buses are not able to get the children home.*

Automatic Notification Information

Please check all #s/email that you would like to receive automatic notifications on: _____ Dad Home ___ Dad Cell ___ Dad Work ___ Dad email
 ___ Mom Home ___ Mom Cell ___ Mom Work ___ Mom email
 _____ Child's Cell _____ (indicate #)