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 to have 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 Home Address: _____ PO BOX:_____

Child's Grade:_____ Date of Birth:_____ Child's Church: _____ Baptized Y/N:_____

Medical Information

Child's Physician: _____ Physician's Phone:_____ _____

Known Allergies: _____

Any known medical conditions? _____

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: _____

Contact Information

Mother's Name:			Employer:		
Home Phone:		Work Phone:		Cell Phone:	
Address:	_____ *(Street, PO Box, City, State & Zip)*				
Email Address:					
Father's Name:			Employer:		
Home Phone:		Work Phone:		Cell Phone:	
Address:	_____ *(Street, PO Box, City, State & Zip)*				
Email Address:					
Second 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.*