

# 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 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 2020-21: Jer.29:11

Theme: **Hope Fu+ure**

**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 #)