

# 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: \_\_\_\_\_ Baptized Y/N: \_\_\_\_\_

**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 2022-2023: *Romans 15:3*  
 Theme: **Hope Joy Peace & Power** *May the God of hope fill you with all joy and peace as you trust in him, so that you may overflow with hope by the power of the Holy Spirit.*

**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 #)