



**GLENDALE**  
LUTHERAN SCHOOL

# Emergency Consent

Glendale Lutheran School

*"Learning in a Christ-Centered environment for over 50 years"*

Date \_\_\_\_\_

School Year \_\_\_\_\_

## Limited Power of Attorney for Emergency Medical Care Authorization

Student's Name \_\_\_\_\_  
Last First M.I.

### TO WHOM IT MAY CONCERN:

I hereby give permission for my child to be given emergency treatment by a qualified staff member at Glendale Lutheran Church and School. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. In the event that I cannot be contacted or the situation is life threatening, I further consent to the medical, surgical, and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safe guard my child's health.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Medical Information

	Physician's Name	Office Phone #	Name of Insurance Company	Group and/or Policy #
Physician				
Dentist				
Preferred Hospital				

Allergies/health issues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current medications: \_\_\_\_\_

## Emergency Contacts (please list in the order you would like them to be contacted)

Name	Phone #	Authorized to pick up / Relationship to Student

The undersigned accepts all financial responsibility for any and all care/services rendered and indemnifies Glendale Lutheran School therefrom. Further, the undersigned releases Glendale Lutheran School from any and all liability arising out of any act or omission hereunder.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_