



EMERGENCY INFORMATION

1234 NE Riddell Road Bremerton, WA 98310 Office: (360) 373-2116 Fax: (360) 377-0686 www.peacebremerton.org

<u>Emergency Contact/Authorized Pick-up</u>	<u>Relationship (friend, grandparents, etc.)</u>	<u>Phone Number: Home/Cell</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Not Authorized to Pick-up</u>	<u>Relationship (friend, grandparents, etc.)</u>
_____	_____
_____	_____

Physician's Name: _____ **Physician Phone:** _____

Dentist's Name: _____ **Dentist Phone:** _____

Insurance Information: _____

Allergies/Health Concerns: _____

Preferred Hospital: _____

Call Doctor: Yes No **Call 911:** Yes No

Immunizations are up to date: Yes No *Complete the Certificate of Immunization Status (CIS) form by the first day of school*

Field Trip Permission Slip: I give my child permission to participate in all field trips and school activities approved by the school. I understand I will be notified of the field trip at least one week prior to the event. I further understand Peace Lutheran School, its teachers, or parent drivers are not to be held liable in the event of an accident. ***Parent/Guardian signature*** _____

Photo Display Release Form: Peace Lutheran School ***has permission*** ***does not have permission*** to utilize my child's photo as part of a public display for the purposes of public relations for the school. ***Parent/Guardian signature*** _____

Participation in Peace Lutheran Athletics/Extracurricular Activities: I give permission for my child to participate in athletic/extracurricular competitions under the auspices of Peace Lutheran School and to travel to events scheduled at other schools. ***Parent/Guardian signature*** _____

My Child is a Participant in an Accident/Health Plan: Yes No

My Child has had a Physical to Play Sports: Yes No **Date:** _____

Student Name _____