

IMMANUEL LUTHERAN SCHOOL
606 S. Hanover
Okawville, Illinois 62271

EMERGENCY & MEDICAL AUTHORIZATION

Social Security Number _____

Student's Name _____ Sex: _____ Date _____
Last First Middle

Address _____ Phone: _____

Student's Health: Present illness required medication/special diet or treatment

Illness/Condition

Medication

Father's Name: _____ Address: _____ Phone: _____

Mother's Maiden Name: _____ Address: _____ Phone: _____

Guardian's Name: _____ Address: _____ Phone: _____

Student lives with _____

Please give any additional information which might aid us in knowing and helping your child

Family Doctor: _____ Address: _____ Phone: _____

Family Dentist: _____ Address: _____ Phone: _____

_____, give my consent to the school authorities to call a competent doctor or dentist or to take my child to the hospital emergency care, if I or my family doctor or dentist cannot be reached. Date signed: _____

Name: _____

Relationship: _____

Address: _____

Phone Number: _____