

In my absence, I hereby request and authorize Gloria Dei Lutheran School to contact _____ (Physician's name), at telephone number _____, or to have the emergency room doctors examine and treat my child for such emergency medical needs as may rise.

Exceptions to treatment, if any, are _____

Insurance Company: _____

Policy Number: _____

Sponsor's Social Security Number: _____

Chronic Illnesses: _____

Allergies (medication, food, environmental, etc.)? _____

Date of Last Tetanus Booster: _____

This consent for examination and treatment is effective for the period from

_____ to _____.

Signature _____

Parent or Legal Guardian