



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