

**CONCORDIA LUTHERAN SCHOOL
EMERGENCY PREPAREDNESS FORM
2008-09**

(This form will be kept in Concordia's emergency preparedness container along with emergency supplies.)

NAME OF STUDENT _____ GRADE _____

ADDRESS _____ PHONE _____

FATHER'S NAME _____ DAYTIME PHONE _____

MOTHER'S NAME _____ DAYTIME PHONE _____

PLEASE LIST ANY ALLERGIES YOUR CHILD MAY HAVE: _____

PLEASE LIST ANY MEDICAL CONDITIONS YOUR CHILD MAY HAVE: _____

PLEASE LIST THREE (3) PEOPLE WHO MAY PICK UP YOUR CHILD IN THE EVENT OF AN EMERGENCY.

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

PLEASE LIST AT LEAST ONE (1) OUT-OF-STATE PERSON WHOM WE MAY CONTACT IF NECESSARY.

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

AUTHORIZATION OF CONSENT FOR MEDICAL TREATMENT

I, the undersigned parent/guardian of _____, who is a minor, do hereby authorize CONCORDIA LUTHERAN SCHOOL, as agent(s) for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, which is deemed advisable by and rendered under the general or specific supervision of any physician and/or surgeon licensed under the Medical Practice Act. It is understood that the authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is give to provide authority and power on the part of aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician, in the exercise of his best judgment, may deem advisable. This authorization is given pursuant to the provisions of Section 6910 of the Family Code of the State of California and shall remain in effect through August 31, 2009.

Signature of Parent or Guardian _____ Date _____

**PLEASE COMPLETE THIS FORM AND RETURN IT
TO THE OFFICE BY THE FIRST DAY OF SCHOOL.**