

Our Savior Lutheran Church

5000 W. Tidwell • Houston, Texas 77091

EMERGENCY CONSENT FORM 2010-2011



Student's Name _____ Jr. CIA _____ Sr. CIA _____

Date of Birth _____ Grade _____ Student Email: _____

Parent/Guardian's Name _____

Address _____ City, Zip _____

Home Phone: () _____

Work Numbers: Father () _____ Mother () _____

Cell Phones: Father () _____ Mother () _____

Email Address - Father: _____ Mother: _____

If parent can not be reached in an emergency, please call:

Name _____ Phone () _____

Name _____ Phone () _____

Name of Doctor _____

Address _____ Phone () _____

Special needs or concerns: (List all allergies or allergic reactions to any food, medication, insect bites, existing illness, previous serious illness and injuries, hospitalizations during the past 12 months [where], and any medication prescribed for long-term continuous use):

I hereby warrant to Our Savior Lutheran Church that I am entitled to legal custody and possession of my child, and accordingly am authorized to sign this emergency form.

Parent or Guardian's Signature _____ Date _____

In the event that I cannot be reached to make arrangements for emergency medical care at the time of illness or accident, I authorize Our Savior Lutheran Church or its representative to take my child to the doctor listed above or to the hospital listed below.

Hospital _____

Parent or Guardian's Signature _____ Date _____

I give my permission to the adults working with Our Savior Lutheran Church to give medical care as needed, including permission to the physician selected to render any medical or surgical care deemed necessary to my child if a parent cannot be reached. I understand that in the event that professional medical care is needed, I will be notified as soon as possible at one of the above numbers. It is understood that by signing this consent form that the parent-guardian absolves Our Savior Lutheran Church and School, the staff, and any and all members of its' governing boards from any responsibility for the safety, welfare, health, and well-being of the participant, beyond such matters as may be called reasonable care for the participant in the custody of an adult working with the Our Savior Lutheran Church and subject to the adult's clear instructions. Should it be necessary for the participant to receive medical attention or to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume all medical and transportation costs.

Parent or Guardian's Signature _____ Date _____