

Good Shepherd Lutheran School
CONSENT AND EMERGENCY CONTACTS FORM
March 9, 2021 – May 27, 2021

This form must be submitted and on file by March 8, 2021.

***BOTH parents have authorization unless exception is indicated *here (please speak with the Director):**

* _____

Full legal name of child: _____ Date of birth _____

In the event the child named above is injured or ill, I understand that the school will attempt to contact me, the other parent, or the legal guardian at the telephone numbers provided below. Please place a * by your first choice.

_____ Home Phone _____ (Please check first choice # during school hrs.)
 Parent (legal guardian) Name Cell Phone _____ Office _____

_____ Home Phone _____ (Please check first choice # during school hrs.)
 Parent (legal guardian) Name Cell Phone _____ Office _____

In the event that I or others listed above are not available, I give my permission to the school to provide first aid for my child, and to take appropriate measures including, but not limited to, the following:

1.) Contacting the following relatives, friends or neighbors to remove my child from school: (Please circle first choice # during school)

1. Name _____ Phone _____ cell _____

2. Name _____ Phone _____ cell _____

2.) Contacting physician of child:

Name of physician _____ Phone _____ Location _____

3.) Contacting the EMS system, and/or ambulance, to transport my child to the nearest medical facility. I understand that a school staff member will travel with my child if I am unavailable. If it is necessary for a school staff member to transport my child to a medical facility, I understand that another adult will always accompany the staff member.

***Parent/Guardian Signature _____ Date _____**

1. I hereby give my consent for my child to use all of the play equipment and participate in all of the activities of the school.
2. I hereby give my consent for my child to leave the school premises under the supervision of a staff member for neighborhood walks.
3. I hereby give my consent to allow the staff at Good Shepherd Lutheran School to provide for my child's emergency toileting needs. I understand that in some cases extensive wiping and cleaning may be necessary.

***Parent/Guardian signature _____ Date _____**

Only these people are authorized to pick-up my child at the end of the school day (state name & relationship). Please do not list yourself or your spouse, unless the spouse does not have custody.

Note: Children will not be released to ANYONE without your permission in writing on this form or by a signed and dated note, followed by a phone call/voicemail. NO PHONE CALLS, emails or a fax will be accepted for persons not listed below. If the authorized person IS ON THIS LIST, you may call the school office NO LATER THAN 12:00 NOON to verify the release of your child to the authorized person listed below.

***Parent/Guardian signature _____ Date _____**

Name _____ Relation _____ Name _____ Relation _____

Name _____ Relation _____ Name _____ Relation _____

Name _____ Relation _____ Name _____ Relation _____

Name _____ Relation _____ Name _____ Relation _____

Continue list on back. >>>>>