

Good Shepherd Lutheran School
2021 – 2022 CONSENT AND EMERGENCY CONTACTS FORM

Please submit this form in August with the most updated information. It must be on file in the school office by August 30, 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.

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

Parent (legal guardian) Name _____ Home Phone _____ (Please check first choice # during school hrs.)
 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 or for field trips in an authorized vehicle. Seat belts and insurance must be provided by the driver for each child. (You must provide a car seat for your child.) School staff members are not permitted to drive children on field trips or at any other time except in emergencies.
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. NO PHONE CALLS, emails or a fax will be accepted.** You may give the name of the authorized person (listed below) upon arrival, or provide a signed and dated note if the person is not on record. You may also call the school office prior to dismissal, but the authorized person's name must be on record. Please call the school office if you have any questions.**

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

Name _____ Relation _____ Name _____ Relation _____

Name _____ Relation _____ Name _____ Relation _____

Name _____ Relation _____ Name _____ Relation _____

Name _____ Relation _____ Name _____ Relation _____

You may add or delete authorized names throughout the school year. Continue list on back. >>>>>