

**MUST BE TURNED IN ON THE FIRST DAY OF SCHOOL**

**TRINITY LUTHERAN SCHOOL  
Medical Permission Slip  
For the school year 2018-2019**

Student's Name: \_\_\_\_\_ Home phone number: \_\_\_\_\_

Parent's work phone number & cell phone number

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Emergency phone numbers (different than above):

Name Phone number

1.) \_\_\_\_\_

2.) \_\_\_\_\_

Physician's name and phone number:

\_\_\_\_\_  
The undersigned parent or guardian of (child's name) \_\_\_\_\_  
authorizes any Trinity Lutheran, Stewardson staff member to obtain medical care for him/her in the event such  
care is necessary during this school year. If possible, the parent(s) or guardian of the named individual will be  
contacted in the event of an emergency. Permission is hereby granted to the licensed physician of accredited  
hospital and their associates to perform any medical and/or surgical procedures that are deemed essential to the  
treatment of the above named individual.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Brief Medical History**

Allergies: \_\_\_\_\_

Other medical conditions and/or medications: \_\_\_\_\_

\_\_\_\_\_  
Any other pertinent information, i.e., special diet requirements?  
\_\_\_\_\_

**Copy of Insurance Card** (Needed by first day of school)