

MUST BE TURNED IN ON THE FIRST DAY OF SCHOOL

**TRINITY LUTHERAN SCHOOL
Medical Permission Slip
For the school year 2019-2020**

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)