

**MEDICAL EMERGENCY AUTHORIZATION FORM
REDEEMER LUTHERAN SCHOOL**

Child's Name	Date of Birth
Address	City/State/Zip
Home Phone	Social Security #

Mother's Name	Father's Name
Employer	Employer
Work Phone	Work Phone
Cell Phone	Cell Phone

Emergency Contact

Home Phone	Work Phone
Cell Phone	

Child's Physician	
Address	Phone

Child's Dentist	
Address	Phone

Special instructions if child is injured or ill

Insurance Provider for Child	Phone
Member ID#	Group #

MEDICAL RELEASE: I authorize Redeemer Lutheran School to seek emergency medical treatment for my child. I give permission to the emergency physician to secure proper emergency treatment and to order injection, anesthesia, or other emergency treatment if I (we) cannot be contacted. It is understood that a conscientious effort will be made to locate me or my spouse before action is taken. In the event of a life-threatening emergency, I understand that "911" will be called to take my child to Delta County Memorial Hospital, 1502 3rd St., 874-7681. I understand that any expense related to any and all medical treatment will be my responsibility.

Parent/Guardian Signature

Date