



## CONCORDIA LUTHERAN ELEMENTARY SUMMER CAMP EMERGENCY/CONTACT CARD 2017

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

**Father/Guardian** \_\_\_\_\_

Employer's Name/City \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Mother/Guardian** \_\_\_\_\_

Employer's Name/City \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

- Allergies: \_\_\_\_\_  
**\*All children with allergies must have physician signatures on state required forms that are available from the Preschool Director.**
- Medical Conditions: \_\_\_\_\_
- Medications: \_\_\_\_\_  
**\*Staff may give medications with completed state required medication forms available from the Preschool Director.**

**Permission for medical treatment:** I, \_\_\_\_\_, the parent or guardian hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment to include first aid and CPR by a qualified staff member of Concordia Lutheran Preschool, I also give permission for my child to be transported by ambulance, treated by aid car personnel, and/or transported to an emergency center/hospital for treatment. In the event that I cannot be contacted, I further authorize and consent to the medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right to informed consent for such treatment. I realize that the school cannot assume responsibility for payment of medical fees or expenses incurred.

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

**Permission for field trips:** I hereby give permission for my child to participate in field trips. I also give permission for my child to travel in vehicles operated by Concordia Lutheran and/or other parents/guardians. I will be notified in writing of all activities and field trips (other than walks in the neighborhood) prior to the field trips.

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

**FULL DAY PARENTS: Permission for sunscreen:** My child does \_\_\_ does not \_\_\_ have my permission for the use of sunscreen from a caregiver at Concordia preschool. Please bring your child's bottle of sunscreen with your child's name on the container. Concordia does not supply sunscreen, but will apply your child's personal supply in the afternoons if necessary. Sun Screen is considered medication and medication logs will be kept here at school. **Sunscreen will only be applied in the afternoons for full day students.**

ALL PARENTS: Please apply sunscreen to your child before school if necessary.

(Please turn over and complete on page 2)

***Please complete each section. Washington State licensing requires all contacts have complete addresses and phone numbers.***

***\* Persons, other than parents or guardians listed previously, who can be contacted in emergencies and have permission to pick up my child:***

1.	Name _____	Relationship _____
	Address _____	Phone _____
2.	Name _____	Relationship _____
	Address _____	Phone _____
3.	Name _____	Relationship _____
	Address _____	Phone _____
4.	Name _____	Relationship _____
	Address _____	Phone _____

**Persons, who do not have my permission to pick up my child:**

	Name	Relationship	Comments
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

***Please complete the following (addresses and phone numbers are required – you must write “none” if applicable).***

\*Physician \_\_\_\_\_ Address: \_\_\_\_\_ Phone \_\_\_\_\_

\*Dentist \_\_\_\_\_ Address: \_\_\_\_\_ Phone \_\_\_\_\_

\*Hospital Name/Address \_\_\_\_\_ Phone \_\_\_\_\_

\*Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_