

EMERGENCY FORM/TREATMENT CONSENT/HEALTH INFO  
ZION LUTHERAN SCHOOL-MARENGO, IL

Student's Name: last name, first name

GRADE

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

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

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

Emergency Contact Person: Name and address of person to be contacted in the event parent or guardian cannot be reached and can pick up child .

\_\_\_\_\_ phone # \_\_\_\_\_

\_\_\_\_\_ phone # \_\_\_\_\_

Family Doctor \_\_\_\_\_ City \_\_\_\_\_ phone # \_\_\_\_\_

HEALTH:allergies, medications, health issues \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child need to carry an inhaler? Yes \_\_\_ No \_\_\_ Child's name \_\_\_\_\_

If neither parent can be contacted, I authorize the school personnel and the Marengo Rescue Squad to take such emergency action as may be necessary.

Hospital preference \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Return to school office