

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

Trinity Lutheran Preschool TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE
()

WORK PHONE
()

LIC 627 (9/08) (CONFIDENTIAL)



Trinity Lutheran School

Growing in Grace and Knowledge

STUDENT RELEASE FORM



PRINT AND AUDIO VISUAL MATERIALS

We are proud of our students, teachers, and school in general and like to share their accomplishments with others. This includes information in written and audio visual form. We have school brochures, a website, promotional materials, and access to local newspapers and television stations that are all available to the community at large. We would like to include your student in these materials if the opportunity arises. It is our practice to only use first names (and often no name at all) with information that is accompanied by a photo or other visual media.

give permission to include my child _____ in the aforementioned materials.
(Please print student's name)



X

Parent/Guardian Signature

Date: ____/____/____

