Bloomington Lutheran School
Living Hope Lutheran School

EMERGENCY CARE INFORMATION

In case of an emergency, the school staff will contact 911.
Every attempt will be made to contact a parent/guardian or a designated emergency contact.

STUDENT NAME		
Last _____	Date of Birth _____/ _____/ _____	Today's Date _____/ _____/ _____
First _____	Gender: M F	School _____ Grade ____

Father's/Legal Guardian's name _____

Mother's/Legal Guardian's name _____

CONTACT INFORMATION

List 2 persons that are authorized to remove your child from school or be called in case of an emergency if parents cannot be reached.

1. Name _____ Relationship to student _____

   Home Phone _____ Work Phone _____ Cell Phone _____

2. Name _____ Relationship to student _____

   Home Phone _____ Work Phone _____ Cell Phone _____

STUDENT INSURANCE INFORMATION

Medical Insurance Provider _____

Policy # _____ Group # _____

Clinic/Doctor _____ Phone # (_____)_____

Dentist _____ Phone # (_____)_____

MEDICAL INFORMATION (Check all that are applicable)

Does your child have any of the following?

___ Food Allergies, what foods_____
___ Medicine Allergies, what medicines_____
___ Insect Allergies (bees, wasps, etc.)
___ Seasonal Allergies (pollen, grass, etc.)
___ Other Allergies _____
_____

Are your child's allergies severe enough to require an Epi-pen? ___ Yes ___ No
Does your child use an inhaler? ___ Yes ___ No
___Carry inhaler in backpack ___Leave inhaler in health office or school office
List all medical conditions for which your child receives regular care
_____
List all medications and dosages your child receives on a regular basis
_____
_____

___ asthma or respiratory condition
___ digestive condition
___ diabetes
___ hypoglycemia
___ heart problems
___ hemophilia
___ seizures
___ hearing problems
___ vision problems
___ physical disability _____
___ other _____
_____
_____
_____

Any prescription or non-prescription medications will only be distributed to students if an approved consent form is filled out in advance. Please see the school nurse for more details.

The school has my permission, in a medical emergency, to take my child to the emergency room of the nearest hospital and its medical staff have my permission to provide treatment which a physician deems necessary for the well-being of my child.

(All parties having legal custody of the child must sign.)

Signature parent/legal guardian _____ Date ____/ ____/ ____

Signature parent/legal guardian _____ Date ____/ ____/ ____