

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