

Child Medical Care and Consent form

In the case of an emergency, Children's Care and Trinity Lutheran Church and School, has my consent to authorize medical care for my child or children listed below by Emergency Medical Services (EMS), and if deemed medically necessary, EMS has permission to transport my child to the closest hospital. If child is stable the parent's 1st choice of hospitals will then be in effect.

Child name: _____ Grade _____ DOB _____

Allergies/Medical Conditions: _____

Child name: _____ Grade _____ DOB _____

Allergies/Medical Conditions: _____

Child name: _____ Grade _____ DOB _____

Allergies/Medical Conditions: _____

Address: _____ Phone: _____

PARENT/ GUARDIAN INFORMATION

Parent/Guardian Names: _____ Cell #: _____

Place of Work _____ Work #: _____

Parent/Guardian Names: _____ Cell #: _____

Place of Work _____ Work #: _____

EMERGENCY NUMBERS: (if parents cannot be reached)

Name/relationship: _____ Number _____

Name/relationship: _____ Number _____

Family Physician: _____ Phone Number: _____

Insurance carrier: _____ Policy Number: _____

Hospital preference: _____ 2nd choice: _____

RELEASE INFORMATION:

The following person (s) **may not**, under any circumstances, pick up my child/children

The following person(s) **may**, pick up my child/children:

Parent/Guardian Signature: _____ Date: _____

TCC Coordinator Signature: _____ Date: _____