

ST. MARTIN'S LUTHERAN PRE-KINDERGARTEN, WINONA, MN
Student Medical Emergency Form

Student's Name _____

Home Address _____ Home Phone _____

Father's Name _____ Mother's Name _____

Place of Occupation (Father) _____ Phone _____

Place of Occupation (Mother) _____ Phone _____

Name of persons who can be contacted in case of emergency and are authorized to pick up child when parent is not available.

Name	Address	Phone
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1. _____

2. _____

Dentist's Name	Address	Phone
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Physician's Name	Address	Phone
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Known allergies to foods or medications _____

_____ I do give permission for St. Martin's Lutheran School staff to administer ipecac syrup if my child swallows poison.

_____ I do not give permission for St. Martin's Lutheran School staff to administer ipecac syrup if my child swallows poison.

In case of a medical emergency to my son/daughter, I grant permission for St. Martin's Lutheran School staff to seek emergency assistance (911) and for appropriate qualified medical personnel to administer emergency medical treatment. I will personally assume any medical expenses resulting from such treatment.

Parent Signature _____

Date _____