

GREEN BAY-N.E.W. LUTHERAN HIGH SCHOOL

AUTHORIZATION FOR EMERGENCY TRANSPORTATION AND TREATMENT

Student's Name _____ / _____ / _____
(Last) (First) (MI) (Birthdate) (Grade)

Allergies _____ Medications _____ Contact Lenses Yes / No Last tetanus ___ / ___ / ___

Insurance Company _____ Ins. # _____

Father's full name _____ Employment _____

Home # _____ Work # _____ Emergency # _____

Mother's full name _____ Employment _____

Home # _____ Work # _____ Emergency # _____

Family Doctor _____ Phone # _____

Family Dentist _____ Phone # _____

I authorize school personnel to transport my son/daughter to a physician's office and/or emergency room for treatment in the event that emergency medical care is needed while he/she is involved in either co-curricular or extra-curricular activities. Further, I authorize the PHYSICIAN and HOSPITAL STAFF to treat my son/daughter as they deem necessary in the emergency situation.

Parent/Guardian Signature _____ Date _____