

EMERGENCY CONSENT FORM

ST. LUKE ACADEMY

In the event of a major disaster, such as an earthquake, additional and accurate information is required. Please be advised that **ONLY** listed below will be allowed to pick up your child in the event of a disaster. Keep in mind that this person **MUST** be at least 18 years of age. Picture identification is required.

Student's Name _____ Parent's Name(s) _____

We the Parents of _____ authorize the following person(s) to pick up our child from ST. LUKE ACADEMY in the event of a disaster emergency. To the best of my knowledge, the following information is accurate.

Adult's Name	Address	Phone Number	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent Signature _____ Date _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO St. Luke Academy TO
Facility Name
OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.)
OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR _____ THIS CARE MAY BE GIVEN
Child Name
UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB, OR WELL BEING OF THE
CHILD NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE () WORK PHONE ()