

First Lutheran School and Early Childhood Education

MEDICAL RELEASE 2026-2027

This form may be used to record parental permission for medical and surgical treatment in case medical emergencies arise.

We, the undersigned as the parents and/or legal guardians of _____ hereby grant to First Lutheran School, its employees and agents the authority to seek medical care for our child. We further consent to any and all emergency medical and surgical treatments, including anesthesia and operations which may be deemed medically necessary by any qualified physician selected by agents or officials of First Lutheran School. The intention thereof is to grant authority to administer and to perform all and singularly any emergency examinations, treatments, anesthetic, operations, and diagnostic procedures which may now or during the course of the patient's care, be deemed medically necessary by any qualified physician. Witness of our consent and agreement to the matters stated above, we have subscribed our signatures below.

Parent/Guardian Signature Parent/Guardian Signature Date

Medical Insurance _____ Policy # _____

Father: _____ Cell Phone: _____ Work Phone: _____

Mother: _____ Cell Phone: _____ Work Phone: _____

List any medications and when taken: _____

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Allergies or Special Conditions: _____

Allergist: _____ **Phone:** _____

Attach Physician Plan and Permission to Administer Rescue Meds if there is a SEVERE ALLERGY!

Epi-Pen in school office Other: _____
(Inhaler, etc.)

NOTE: In the event of an emergency medical situation, the school/chaperone will always attempt to contact the student's parents/guardian first!