

Consent Form

(Emergency Contact, Medical Consent, Media Consent and Field Trip Consent Form)

Trinity Lutheran School of Freistadt – 10729 W. Freistadt Road – Mequon, WI 53097

262-242-2045

2019-2020 School Year

_____		_____		M	F
Child's Name		Date of Birth	Grade (2019-20)		
_____		_____			
Parent's/Guardian's Name		Parent's/Guardian's Name			
_____		_____			
Home Phone	Cell Phone	Home Phone	Cell Phone		
_____		_____			
Home Address		Home Address (if different)			
_____		_____			
City, ST ZIP Code		City, ST ZIP Code			
_____		_____			
Email		Email			
_____		_____			
Work Phone	Place of Employment	Work Phone	Place of Employment		
_____		_____			

Alternative Emergency Contacts

_____		_____	
Primary Emergency Contact		Secondary Emergency Contact	
_____		_____	
Home Phone	Cell Phone	Home Phone	Cell Phone
_____		_____	
Work Phone	Place of Employment	Work Phone	Place of Employment
_____		_____	
Address		Address	
_____		_____	
City, ST ZIP Code		City, ST ZIP Code	
_____		_____	

Media Consent (Photographs, Audio, Video)

I consent to the use of my child's/ward's image, likeness, and/or voice in any print, audio, video, internet, digital, or electronic marketing, and/or informal materials developed while he/she is in attendance at Trinity Lutheran School. His/her image or voice may be used in whole or part, in original or modified form, alone or in conjunction with other voices, visual material, artwork, and/or written material. On behalf of myself and my child/ward, I assign all rights of copyright of such material to Trinity Lutheran School and release Trinity Lutheran School from any liability arising out of such use.

Information

I understand that it is my responsibility as a parent/guardian to keep all medical and emergency contact information current throughout the school year. I agree to notify Trinity Lutheran School about any changes or updates to this information about my child.

Please complete both sides and sign.

updated 2-7-19

Child's Name _____

Date of Birth _____

Grade (2019-20) _____

Medical Information

Physician's Name _____

Phone Number _____

Insurance Company _____

Policy Number _____

Health Information - do you have or are you subject to?: (If yes, please explain)

Yes No Allergies? _____
 Yes No Heart Conditions? _____
 Yes No Fainting? _____
 Yes No Sleep walking? _____
 Yes No Upset stomach? _____
 Yes No Serious illness or surgery within the past ten years? _____
 Yes No Special health considerations? _____

Have you ever had a reaction?: (If yes, please explain)

Yes No Bee sting? _____
 Yes No Pencillin? _____
 Yes No Other drugs? _____
 Yes No Poison ivy, oak, or sumac? _____
 Yes No Other? _____

Other medical information: (If yes, please explain)

Yes No Do you take any prescription medication? _____
 Yes No Are you diabetic? _____
 Yes No Do you have any sight or hearing impairment? _____
 Yes No Do you wear glasses? _____
 Yes No Do you wear contact lenses? _____
Date of last tetanus shot: _____

Please indicate anything else that we should know to help avoid or deal with any health situation that might arise:

Medical Consent

I authorize all medical, dental, and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician, dentist and/or paramedics for my child and waive my right to informed consent of treatment. I also give consent for my child to be transported to an emergency medical care center if the need arises. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Field Trip Consent

I give permission for my child to go on ALL field trips during the current school year. I release Trinity Lutheran School and individuals from liability in case of accident during activities related to Trinity Lutheran School, as long as normal safety procedures have been taken. I understand that my child's teacher will notify me prior to each field trip.

Parent's/Guardian's Signature _____

Date _____