

CONSENT FOR MEDICAL TREATMENT

As the parent, or legal guardian, I hereby give consent to St. Paul's First Lutheran School to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) , Osteopath (D.O.), or dentist (D.D.S.) for

(name of student)

This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Child has the following medication allergies: _____

Date

Parent/Guardian Signature

Street Address

City

Zip

Home phone with area code

Work phone with area code

Cell phone with area code

I (We), as legal guardians of the above-mentioned student, do hereby and herewith give and grant permission to my child to participate in the special school activities, field trips, and athletic events. I further agree to hold and save harmless the Board of Education, Principal, teachers and congregation of St. Paul's First Lutheran Church and School, 11330 McCormick Street, North Hollywood, California, from all suits, claims, or demands of every kind and character arising out of or in connection with the said special school activity in which my child shall take part and participate.

Signature of Parent(s) or Legal Guardian(s)

Print Name

Date

Swimming & Pool Permission

Children ages 7 and older will be going to the public pool across the street.

There will be pools on the school grounds for those not going to the public pools.

I will allow my child to go to the public pool across the street.

I want my child to stay behind on campus for water play.

My child can

swim well.

swim somewhat

not swim at all

Signature of Parent(s) or Legal Guardian(s)

Print Name

Date