

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 country/province/area code Work phone with country/province/area code

Cell phone with country/province/area code

FIELD TRIP AND SCHOOL ACTIVITIES

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 or Legal Guardian Print Name Date

PUBLICATIONS PERMISSION FORM

Our school publishes a large amount of information as well as pictures of our students, staff, and school activities. This permission form allows your child to possibly be pictured on the school website, yearbook, newsletters, or any other St. Paul's publication. If you do NOT want your child to be pictured, please indicate that decision below.

Check one: _____ I give permission for my child to be pictured in St. Paul's publications.
 _____ I do NOT give permission for my child to be pictured in school publications.

Signature of Parent or Legal Guardian Date