

EMERGENCY INFORMATION



Child's Name _____

In case of emergency or inability to contact the undersigned parent, you are hereby authorized to contact:

Name _____

Address _____

Home phone/ Cell phone _____

Relationship _____

In case of emergency and inability to reach the parents or authorized person mentioned above, The Lion & Lamb Christian School has my permission to take my child to:

Dr. _____

Phone number _____

Or to the emergency room at _____ Hospital.

I further agree to pay for any service rendered or any treatment necessary.

My child's dentist is Dr. _____,

Phone number _____ in case of a dental emergency.

Please describe any serious drug or food allergies, illness, injuries, operations, physical limitations or traumatic experiences pertaining to your child:

I hereby grant permission for my child to use all play equipment and participate in all the activities of the school.

I hereby grant permission for my child to leave the school premises under the supervision of staff members for neighborhood walks or field trips in facility operated or furnished vehicles.

I hereby grant permission for my child to be included in evaluations and pictures connected with the school program.

In case of an emergency or natural disaster, I give permission for my child to be transported to the nearest elementary school (Winnemucca or Westergard) in the church shuttle or personal staff vehicles.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date