

St. James Lutheran School
Howard Lake, Minnesota
2024/2025 Emergency Care Information

Last Name: _____ Students First Names: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Father or Guardian

Mother

Name: _____

Work Phone: _____

Cell Phone: _____ Accepts texts: Y or N _____ Accepts texts: Y or N

Physical limitations or medications. (Such as asthma, diabetes, seizures, allergies, etc.) List and Explain:

If my child becomes ill and I cannot be reached, please call:

(Example: Someone in your neighborhood, relative, friend, daycare provider, etc.)

Name

Relationship

Phone Number

1. _____

2. _____

3. _____

In case of serious accident or illness and I cannot be reached, I authorize

Name of Doctor to call to give necessary treatment.

Phone Number

I understand that I will be responsible for all charges that may be incurred, including ambulance, doctor and hospital charges.

To: Parent or Guardian,

The welfare of your child is the first consideration of school authorities. In case of a serious medical emergency or illness, 911 will be called immediately. The parent or guardian will then be informed. The name of your physician, as well as the name of the parent or guardian will be given to the ambulance attendant. The school will call the authorized physician if you cannot be reached. However, it must be understood that the cost will be taken care of by the parent, and that St. James Lutheran School is responsible only for obtaining the necessary emergency treatment.

In case of a less serious emergency, the school will contact the parent at home or work. It will be your responsibility to make arrangements for proper care in case your child should meet with an accident or become too ill to remain in school.

At a time when you are not at home or cannot be reached, it is your responsibility to:

1. Designate a person to care for your child in their home until you can be reached.
2. Arrange for a person to care for your child when parents or guardian work or are continually away from home when it is necessary for the school to send the child home due to illness.
3. Provide transportation home or to the doctor's office if necessary.

Please complete the top of this form. This keeps our records up to date and speeds emergency care according to your wishes. The school should be notified if your phone number at work or home changes during the school year.

Signed - Parent or Guardian
I have read the rules and regulations.