



# EMERGENCY INFORMATION

1234 NE Riddell Road    Bremerton, WA 98310    Office: (360) 373-2116    Fax: (360) 377-0686    www.peacelutherannw.org

<u>Emergency Contact/Authorized Pick-up</u>	<u>Relationship (friend, grandparents, etc.)</u>	<u>Phone Number: Home/Cell</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Not Authorized to Pick-up</u>	<u>Relationship (friend, grandparents, etc.)</u>
_____	_____
_____	_____

**Physician's Name:** \_\_\_\_\_ **Physician Phone:** \_\_\_\_\_

**Dentist's Name:** \_\_\_\_\_ **Dentist Phone:** \_\_\_\_\_

**Insurance Information:** \_\_\_\_\_

**Allergies/Health Concerns:** \_\_\_\_\_

**Preferred Hospital:** \_\_\_\_\_

**Call Doctor:**  Yes  No      **Call 911:**  Yes  No

**Immunizations are up to date:**  Yes  No *Complete the Certificate of Immunization Status (CIS) form by the first day of school*

**Field Trip Permission Slip:** I give my child permission to participate in all field trips and school activities approved by the school. I understand I will be notified of the field trip at least one week prior to the event. I further understand Peace Lutheran School, its teachers, or parent drivers are not to be held liable in the event of an accident. **Parent/Guardian signature** \_\_\_\_\_

**Photo Display Release Form:** Peace Lutheran School  **has permission**  **does not have permission** to utilize my child's photo as part of a public display for the purposes of public relations for the school. **Parent/Guardian signature** \_\_\_\_\_

**Participation in Peace Lutheran Athletics/Extracurricular Activities:** I give permission for my child to participate in athletic/extracurricular competitions under the auspices of Peace Lutheran School and to travel to events scheduled at other schools. **Parent/Guardian signature** \_\_\_\_\_

**My Child is a Participant in an Accident/Health Plan:**  Yes  No

**My Child has had a Physical to Play Sports:**  Yes  No      **Date:** \_\_\_\_\_