SCHOOL ACTIVITY PERMISSION SLIP
For the 2017-2018 School Year

STUDENT:_____
(last name) (first name) (initial)

I, _____

A LEGAL GUARDIAN 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 OF THIS SCHOOL. I FURTHER AGREE TO HOLD AND SAVE HARMLESS THE BOARD FOR CHRISTIAN EDUCATION, PRINCIPAL, TEACHERS, AND CONGREGATION OF BEAUTIFUL SAVIOUR EVANGELICAL LUTHERAN CHURCH AND SCHOOL, 3030 Valley Street, Carlsbad, 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 SAID CHILD SHALL TAKE PART AND PARTICIPATE.

_____ _____
(Date) (Signature of Parent/Guardian)

EMERGENCY CONSENT FORM

I (We), the undersigned parent(s) of _____, a minor, do hereby authorize the doctors on duty as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general supervision of any physician and/or surgeon licensed under the provisions of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnoses, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

This authorization shall remain effective until the child's 15th birthday, unless sooner revoked in writing delivered to Beautiful Saviour Ev. Lutheran Church and Christian Day School.

Child' Birthdate:_____

_____ _____

Date Parent/Guardian Signature

FOR THE PATIENT'S PROTECTION

I. ALLERGIES AND SENSITIVITIES: Is there a history of skin or other untoward reaction or sickness following injection, oral administration or contact with:

		(If yes, please specify)
a.	Penicillin or other antibiotics	N☐ Y☐, _____
b.	Morphine, Codeine, Demoral or other narcotics	N☐ Y☐, _____
c.	Novacaine, Lidocaine, Xylocaine or other anesthetics	N☐ Y☐, _____
d.	Aspirin, Emperin, Ibuprofen or other pain remedies	N☐ Y☐, _____
e.	Sulfa drugs	N☐ Y☐, _____
f.	Tetanus antitoxin or other serums	N☐ Y☐, _____
g.	Adhesive tape	N☐ Y☐, _____
h.	Latex	N☐ Y☐, _____
i.	Iodine or merthiolate	N☐ Y☐, _____
j.	Any other drug or medication	N☐ Y☐, _____
k.	Any foods, such as eggs, milk, chocolate	N☐ Y☐, _____

II. DRUGS TAKEN RECENTLY: Within the <u>past six (6) months</u> has the patient taken:

a.	Cortisone	N☐ Y☐, _____
b.	ACTH	N☐ Y☐, _____
c.	Anitcoagulants	N☐ Y☐, _____
d.	Tranquilizers	N☐ Y☐, _____
e.	Hypotensives (high blood pressure)	N☐ Y☐, _____
f.	Please list any prescription medications the patient is currently taking:	

_____

_____

III. TREATMENTS: Has the patient ever received treatment for Asthma, Rheumatism or Rheumatic Fever? N☐ Y☐

Source of information if other than parent:_____

Date:_____