



ST. MARK
Building for Life

Emergency Information 2010-2011

St. Mark Lutheran School/Extended Care • 1515 Hillendahl, Houston, TX 77055
713-468-1492 (Ph) 713-468-6735 (Fax)
www.stmarkhouston.org

STUDENT NAME _____

GRADE _____

****Please provide one preferred number to call in case of the need to do a mass communication such as early closure or bad weather day _____ - _____.**

When parent/guardian can not be reached, please contact the following person(s) in the order listed. I authorize my child to be released to the following persons:

Please type or print (Person other than parent or guardian)

1	Name: _____ Relationship: _____ Phone #: Home: _____ Work: _____ Cell: _____
2	Name: _____ Relationship: _____ Phone #: Home: _____ Work: _____ Cell: _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize St. Mark Lutheran School and Extended Care Staff person in charge to take my child to:

Physician _____ Phone # _____

Address: _____

Insurance company _____ Policy/Account/Group # _____

ID Number or Policy Owner Social Security Number _____

Telephone number for insurance claims _____

Preferred Hospital: _____ Phone # _____

Nearest hospital (to be used if no other hospital is listed)
Spring Branch Medical Center 713-467-6555 8850 Long Point Road, Houston, TX 77055

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the last 12 months, any medication prescribed for long-term continuous use, and any other information of which staff should be aware:

(If no conditions apply, please state "NONE")

This information may be disclosed to and used by St. Mark personnel and/or certain of its approved volunteers in the operations of the school and the care, supervision or treatment of students. Specifically, this information may be provided to teachers, day care providers, classroom aides, the school nurse, athletics directors, coaches, field trip chaperones, drivers, food service providers, and administrators involved in student activities. This information will not be shared with other people or organizations outside of activities sanctioned by St. Mark Lutheran School without the express written consent of the parent or guardian

AUTHORIZATION FOR ACTIVITIES

PLEASE CHECK APPROPRIATE SPACE

NAME RELEASE:

I hereby _____ **GIVE** _____ **DO NOT** my permission to have my child's name, phone number, home address and a parent's email address in the St. Mark School Directory, which will only be distributed to parents at St. Mark Lutheran School who normally would receive the directory. My signature below also gives my permission for my child's name to be printed in St. Mark newsletter.

TRANSPORTATION:

I hereby _____ **GIVE** _____ **DO NOT GIVE** - my consent for my child to be transported and supervised by school faculty/staff or St. Mark parents and/or extended care facility staff on field trips.

WATER ACTIVITIES:

I hereby _____ **GIVE** _____ **DO NOT GIVE** - my consent for my child to participate in water activities (splash pools/wading pools/swimming pools).

FIELD TRIPS:

I hereby _____ **GIVE** _____ **DO NOT GIVE** - my consent for my child to participate in field trips.

Signature of parent or legal guardian

Date

****My child's immunization record is on file at the school office or is attached hereto and all immunizations and tuberculosis tests are current.

Signature of parent or legal guardian

Date

MEDICATION/ FIRST AID

I hereby _____ **GIVE** _____ **DO NOT GIVE** - my consent for the school nurse or other designated staff to administer first aid and/or medication to my child.

Comments: _____
