ST. CROIX LUTHERAN HIGH SCHOOL

1200 Oakdale Avenue
West St. Paul, MN 55118

___Dorm Student

___International Student

2011-2012 EMERGENCY AND MEDICAL CONSENT FORM

Name of Student_____Grade_____
Last First

Address_____
Street City State Zip

Student's home phone # (___)_____

Name Father/Guardian_____

Father's Address_____
(if different from student's) Street City State Zip

Father's Employer_____ Work # (___)_____

Father's home phone # (____)_____ Father's cell phone # (___)_____

Parents' Primary Email (list only one)_____

Name Mother/Guardian_____

Mother's Address_____
(if different from student's) Street City State Zip

Mother's Employer_____ Work # (___)_____

Mother's home phone # (___)_____ Mother's cell phone # (___)_____

Alternate Emergency Contact _____
Name (relationship to student) Phone number

Medical Insurance Provider_____
Policy #_____ Group #_____

Clinic/Family Doctor_____ Phone # (___)_____
Name City

Dentist_____ Phone # (___)_____
Name City

Date of student's last Tetanus Immunization_____

List student's allergies_____

Medication's the student takes regularly_____

In case of an accident or illness, permission is hereby given to treat this student as required. We accept the responsibility for all costs thus incurred, and waive any claim against the school, association, its staff or chaperones for any and all causes, which may arise in connection with the above.

If there is a change to any of the above information, please notify the school office at 651-455-1521.

Parent/Guardian Name (please print)_____

Parent/Guardian Signature_____