



Emergency Transportation Authorization Form

Student Name _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Male Female Grade _____ Phone _____

Emergency Contact—please list the first and second person to attempt to contact in an emergency:

1. (name/relationship to student) _____ **Phone** _____

2. (name/relationship to student) _____ **Phone** _____

Mother's Name _____ Daytime Phone _____ Cell _____

Employer/Address _____ Phone _____

Father's Name _____ Daytime Phone _____ Cell _____

Employer/Address _____ Phone _____

Parents Address—if different from Student listed above. Mother Father (check one)

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____

List two other people who can be contacted in an emergency if the parent cannot be reached:

Name _____ Relationship to Child _____

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____

Name _____ Relationship to Child _____

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____

Medical Care:

Physician Name _____ Clinic Name _____

Clinic Address _____ City _____ State _____ Zip _____

Phone: Clinic _____ Physician's Emergency Phone _____

Dentist Name _____ Clinic Name _____

Clinic Address _____ City _____ State _____ Zip _____

Phone: Clinic _____ Dentist's Emergency Phone _____

Part I or Part II on back must be completed.

**Part I or Part II below must be completed.
Do not complete both.**

This form only authorizes St. Mark's Evangelical Lutheran School to secure transportation for a child. This form does not authorize or guarantee treatment upon arrival at the designated source of emergency medical or dental treatment, as each emergency facility set their own treatment procedure.

Part I. Permission to Transport Child

I give St. Mark's Evangelical Lutheran School my permission to transport my child

(name) _____

to (hospital/clinic) _____ for emergency medical care;

or to (dentist/dental clinic) _____ for emergency dental care, or to the nearest available source of assistance.

Signature of Parent _____ Date _____

OR

Part II. Refusal to Grant Permission

I do not give permission to St. Mark's Evangelical Lutheran School to transport my child

(name) _____ for emergency medical or dental care. In the

event of an illness or injury which requires emergency medical or dental treatment, I wish the following action to be taken: _____

Signature of Parent _____ Date _____