



**Emergency Information and Authorization Form**  
**2011-2012**

To be completed yearly by all students planning to attend Hillcrest Lutheran Academy.  
School policy states that all students live with a parent, legal guardian, or in the dorms.

You have been asked to supply private information concerning your child at Hillcrest Lutheran Academy pursuant to M.S. 13.02. The school intends to use the requested information to serve your child during an emergency by seeking help from you or people you designate. If we are unable to reach you or your designee in an emergency, we may call 9-1-1 or the police for help with your child. The information you provide may be shared with staff working directly with your student to best serve their health and safety needs at school.

Student's Name: \_\_\_\_\_ Gender M/F Birth date: \_\_\_\_\_  
Grade: \_\_\_\_\_

**Contact Information**

Parent/Guardian: _____	Parent/Guardian: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

**Emergency Contact:** Occasionally, there is an emergency and the school is unable to reach parents/guardians. Please list below two relatives, friends, or close contact who know your family so the school can contact someone in case of an emergency.

<u>Name</u>	<u>Relationship</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____

Does your child have any health issues that will require special attention? (Behavioral issues, psychological disorders, vision/hearing problems, diabetes, asthma, heart condition, etc.) If so please list:

\_\_\_\_\_

Does your child have asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child use an inhaler? \_\_\_\_\_ If so, will the student be carrying and self administering the medication? \_\_\_\_\_

Please list the prescribing physician and phone number:

\_\_\_\_\_

Is your child allergic to anything? (food, environmental, drug) If so please list:

Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_

Any major illness, recent surgeries, or hospitalization with in the past year?

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\*Hillcrest Lutheran Academy's health care policies are governed and overseen by Independent School District #544, Fergus Falls Public Schools. Please note that no medication is given for an acute illness or chronic condition without a signed statement by the parent and a physician's order. Medications must be in the original container at the school building. If possible, a student should take medications at home (Minnesota Statue 121A.22). **If your student is required to take medication during the school day please contact the office (218-739-3371) for the forms required and to be put in contact with the school nurse.**

List all current medications your child is taking and reason for taking them. \_\_\_\_\_

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List any of these medications that need to be given during the school day (\*please see the above stated policy): \_\_\_\_\_

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**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_