



**King of Kings Lutheran School
Emergency Treatment Release Form ~ 2019-2020**

Student's Name _____

Grade _____ Date of Birth _____

If emergency treatment is required, and a parent or legal guardian cannot be reached immediately, your signature in the space below empowers the school authorities to exercise their own judgment in treating your child, and/or calling the family physician you have listed below, and/or calling paramedics, and/or transporting your child to a hospital emergency room. Likewise, your signature below is not sufficient for the release of confidential information protected by federal law.

Name of Family Physician _____

Office Phone # _____

Parent/Guardian Signature _____ Date _____