



# Mt. Calvary-Grace Lutheran School



1614 Park Avenue • La Crosse, WI 54601-5796

Phone: 608-784-8223 • Fax: 608-784-7305

2018-2019 School Theme:

## Permission to Treat

To be presented to the Emergency Department

Full Legal Name (First, Middle, Last) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade this school year \_\_\_\_\_

I give my permission to treat my minor son or daughter (or legal guardian) named above for any emergency medical problem or injury that may be incurred while my son or daughter is under the care of Mt. Calvary-Grace Lutheran School. **This permission extends through May 23, 2019.**

I understand that I will be contacted by the Hospital and/or Physician as soon as possible before or after emergency treatment, and the medical illness or injury will be explained to me, and any treatment necessary will be explained to me.

Facility:  Gundersen Health System     Mayo/Franciscan Skemp     Child's Clinic # \_\_\_\_\_

Child's Physician \_\_\_\_\_

Significant medical problems \_\_\_\_\_

Current medications \_\_\_\_\_

Known allergies \_\_\_\_\_

Name of insurance company \_\_\_\_\_

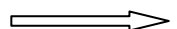
Policy # \_\_\_\_\_

Home phone number \_\_\_\_\_

FATHER: Work phone number \_\_\_\_\_ Cell phone: \_\_\_\_\_

MOTHER: Work phone number \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_



# Permission to Use Photos



*Mt. Calvary-Grace Lutheran School*

2018-2019 School Year

School & School-Related Activities

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We like to display some of our classroom and extra-curricular activities in our weekly and monthly newsletters and on the MCG school website and must have your permission to do this. Materials may also be posted on area WELS School web sites as well. Returning this signed document in no way ensures that your child's pictures will be displayed.



*Thank you for your support and cooperation.*



*I give my permission to publish photos or name (but not both in the same publication) of my child involved in classroom and extra-curricular activities as described in this document. I understand that if students are identified, only their first names will be used.*

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*Student's Name*

*Student's Grade*

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*Parent's Signature*

*Date*

*If this is not signed, we will not be able to use any pictures that have your child in them.*

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## Walking Field Trips

*Mt. Calvary-Grace Lutheran School*



**My child has permission to go on walking field trips during the 2018-2019 school year.**

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*Student's Name*

*Student's Grade*

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*Parent's Signature*

*Date*

*If this is not signed, your child will not be able to go on any walking field trips.*