



ST. CROIX LUTHERAN HIGH SCHOOL
 1200 Oakdale Avenue
 West St. Paul, MN 55118

<input type="checkbox"/> Dorm Student <input type="checkbox"/> International Student

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 _____