

J. R. Jones
Pastor

Michele Barbieri
Early Childhood Director



Dr. Jeffrey E. Krempler
Principal

Jan Tumminello
Dean of Students

Emergency Medical and Surgical Treatment Form

The patient and others whose signatures are attached below do hereby consent to any and all medical and surgical treatments including anesthesia and operations which may be deemed advisable by his or her physicians and surgeons. The intention hereof being to grant authority to administer and to perform all and singularly any examinations, treatments, anesthetics, operations, and diagnostic procedures which may now or during the course of the patient's care be deemed advisable or necessary. We also agree that the patient when admitted is to remain in the hospital until his or her physician recommends the patient's discharge. In witness of our consent and agreement to the matters stated in the three preceding sentences relating to the time period from **August 18, 2010 through June 2, 2011** (the current school year). We have subscribed our signatures below: **(Must be signed in the presence of a notary)**

Minor Patient

Signature of Parent

Homeroom

Signature of Guardian

Date

State of Florida
County of Palm Beach
Subscribed and sworn before me a Notary Public, this _____
Day of _____, 2010.

Notary Public
State of Florida at Large
My Commission expires: _____

Medical Insurance Company: _____

Policy #: _____

Student's Address: _____ Age: _____

City, State, Zip _____ Home Phone: (____) _____

Father's Name: _____ Mother's Name: _____

Business: _____ Business: _____

Work Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Cell Phone: (____) _____

Allergies: _____

This form is to be used by the sponsor after every effort is made to contact the parent or guardian and only in the case of an emergency.

Lutheran Church



Missouri Synod

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