

IMPORTANT INSTRUCTIONS

This year, most of the emergency card, and a few other forms, will be completed online. You should have recently received an email with instructions on how to complete these forms.

IF YOU DID NOT RECEIVE THIS EMAIL, please contact Mr. Scholz at rscholz@vlhs.org for assistance.

We are still required to have the enclosed forms completed in a paper format, with a parent signature. Please fill out this form, sign it, and return it to the school office or to Night of Welcome on Monday, August 6th. Thank you.

Valley Lutheran High School Emergency Permission Form

Student Name _____

Date of Birth _____ Gender _____

If an emergency requiring medical action or treatment occurs and neither the parent nor the family physician can be reached for consent, the parents hereby consent to the rendering of such medical services for this student as shall be necessary in the medical opinion of the doctor rendering such service. It is further understood that any expenses incurred will be paid for by the insurance of the parent of the student.

Parent Name: (Print) _____

Parent Signature: _____ Date _____