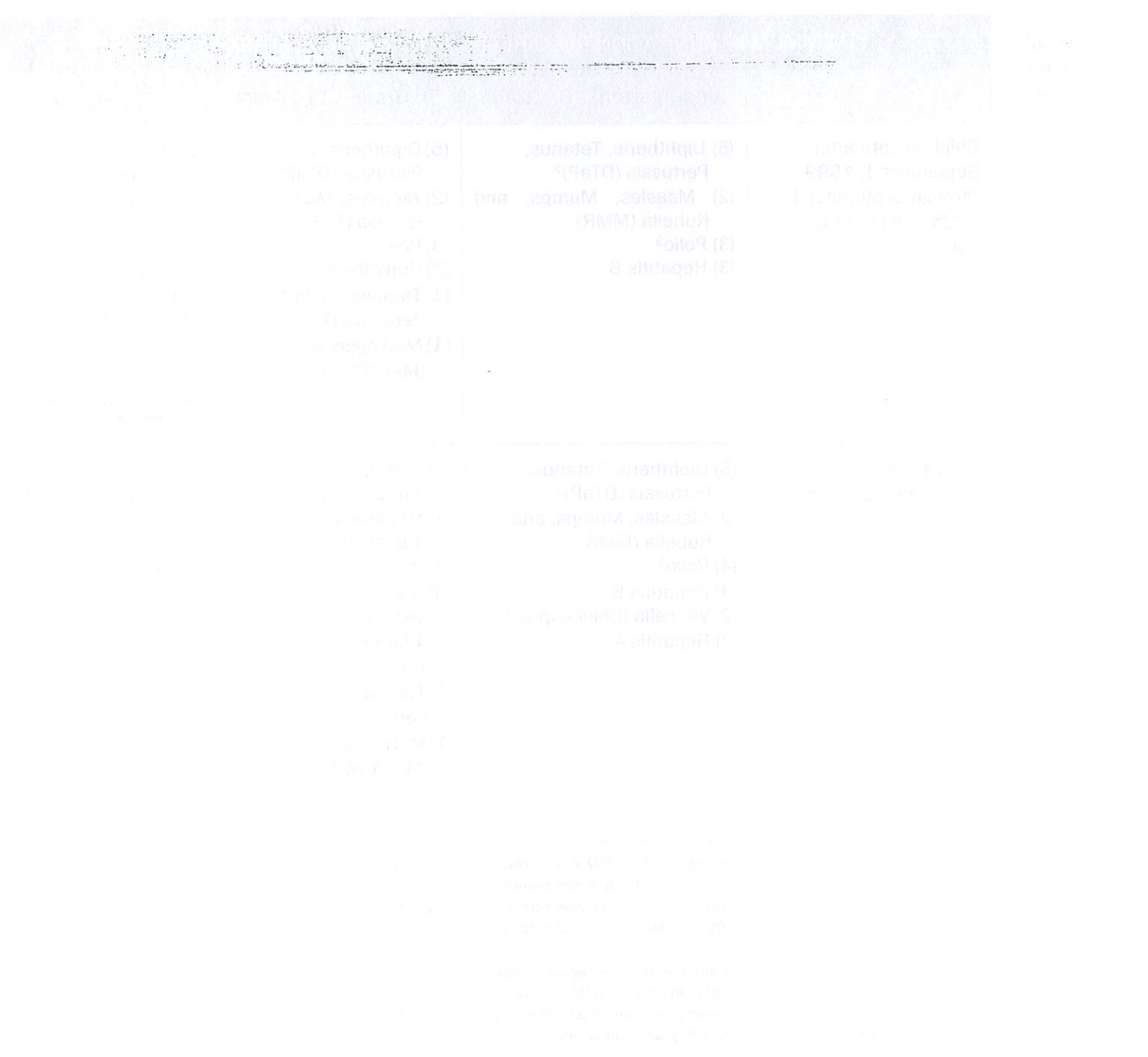


If your child's record is missing any immunizations, contact your health care provider to obtain the full immunization record or any doses needed. If your child recently received immunizations and needs an immunization later in the year to meet requirements, they may attend school, provided you complete the Conditional Admission form and get the remaining doses when they are due. If you would like to exempt your child from immunization requirements, you may complete a form provided by the school or provide a signed written statement that includes the name of your child, the child's birthdate, and the type of exemption being claimed, either religious or other. For a medical exemption, you must provide a certification signed by a licensed physician stating the medical reason the child cannot be immunized.

Reference Idaho Code 39-4801; Idaho Administrative Procedures Act (Administrative Code), IDAPA 16.02.15
"Immunization Requirements for Idaho School Children"



EMERGENCY CONTACT AND PICK-UP INFORMATION (OTHER THAN PARENTS)

1 st Emergency Contact Name/Relationship	Work #	Cell #	Home #
_____	_____	_____	_____
2 nd Emergency Contact Name/Relationship	Work #	Cell #	Home #
_____	_____	_____	_____
3 rd Emergency Contact Name/Relationship	Work #	Cell #	Home #
_____	_____	_____	_____

My child has permission to be released to his/her listed sibling under the age of 18:

Name: _____

EMERGENCY AUTHORIZATION

Child's Doctor _____ Phone _____ Call if needed? Y N Ambulance? Y N

Please identify any special health concerns/allergies which we should be aware of:

I hereby give consent for emergency medical care. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. Recognizing the possibility of physical injury, I hereby release discharge and/or indemnify Immanuel Lutheran, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields, and the facilities utilized against any claim by or on behalf of the registrant as a result of the registrant's participation or being transported to or from the same which transportation I hereby authorize. I agree to abide by the rules of Immanuel Lutheran.

I give consent for Immanuel Lutheran to transport my child to a safe relocation site in case of an emergency closure. I understand that normal safety rules will be followed, as much as possible, but that the highest priority is to relocate to a safe location.

Parent Signature _____
Date

OTHER AUTHORIZATION

(INITIAL) I give consent for my child's picture to be taken while in the care of Immanuel Lutheran and understand these pictures may be posted in school and CDC related publications, including the website, newspaper, video or television advertisement, and any social media.

(INITIAL) I give consent for my son/daughter to participate in all field trips and school activities approved by the school. I understand that every effort will be made to notify me of field trip plans at least one week prior to the event. (Occasionally, opportunities for field trips occur that make it impossible for us to notify you at least one week ahead. In these instances, we will give you as much notice as we can).

(INITIAL) I pledge full support and cooperation to the faculty of Immanuel Lutheran School & CDC with regard to the work and conduct required of my child.

(INITIAL) I agree to make tuition and child care payments on time and to promptly meet other financial obligations as they arise.

(INITIAL) I understand that if my account balance becomes 30 days past due, my child will not be able to return to Immanuel until my account is current.

(INITIAL) I give consent for my child's records to be viewed by IdahoSTARS. (Childcare use only)

SIGNATURE _____ DATE _____