



Pilgrim

LUTHERAN CHRISTIAN SCHOOL

Kids Club/Early Childhood Center

5650 SW Hall Blvd.

Beaverton, OR 97005

503.644.8697 Fax: 503.644.8182

Student Name: _____

Grade: _____

Parent/Guardian Authorizations:

Medical Treatment: As a parent or guardian, I hereby authorize representatives of Pilgrim Lutheran School to obtain any emergency treatment for the above named student in the event that I cannot be reached. This authorization includes permission to call an ambulance, if necessary.

Signature of Parent/Guardian: _____ Date: _____

Medications: The school cannot give any medication to students without proper authorizations from parents, and then only within the guidelines stated in the medication policy in the Parent Handbook. I authorize a representative of Pilgrim Lutheran School to administer medication to my child at the discretion of appropriate school personnel.

Please Circle:

Prescriptions/Medicines brought to office from home in original container:	yes	no
Ibuprofen:	yes	no
Acetaminophen:	yes	no

Signature of Parent/Guardian: _____ Date: _____