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### Medical Release

Rarely do serious accidents or illness occur at Zion Lutheran School and Preschool while traveling for school purposes; but in the event your son or daughter should need medical treatment by the school personnel or a local physician, your signature below will allow us to provide or secure such treatment without delay. In the event of a serious accident or illness you will be notified as quickly as possible.

This authorizes Zion Lutheran School and Preschool to provide or secure necessary treatment for

\_\_\_\_\_ (student's name) while in school or at a school function or trip. When deemed necessary, Zion Lutheran School and Preschool may secure a physician's services at my expense.

Name of Insurance Provider: \_\_\_\_\_

Telephone Number of Insurance Provider: \_\_\_\_\_

Parent's Printed Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_