

Family Name \_\_\_\_\_

**EMERGENCY HOME CONTACT CARD**

**ST. PAUL'S LUTHERAN SCHOOL**

Dear Parent or Legal Guardian,  
The well being of your child is considered very important by our school. Frequently when children become seriously ill or injured we find it difficult to locate the parents, legal guardians or the family physician (in case you cannot be reached) for immediate action. In order to make our health and safety programs more effective, we request your cooperation in filling out this report.

1. Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
2. Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
3. Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
4. Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Name of Mother \_\_\_\_\_ Cell phone # \_\_\_\_\_  
Place Where Mother Works \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Name of Father or Legal Guardian \_\_\_\_\_ Cell phone # \_\_\_\_\_  
Place Where Father  
or Legal Guardian Works \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Family Physician \_\_\_\_\_ Telephone No. \_\_\_\_\_  
E-mail address \_\_\_\_\_ E-mail address (if more than one) \_\_\_\_\_

In case of a serious accident or illness at school, please send my child to \_\_\_\_\_ hospital, if emergency medical care is required. I understand that the legal responsibility for ambulance conveyance expenses and for expenses incurred on behalf of my child is a parental one.

Whom shall we notify in case we are unable to reach either mother, father, legal guardian or family physician?

1. \_\_\_\_\_  
Name Relationship Telephone No.  
2. \_\_\_\_\_  
Name Relationship Telephone No.

Please list the names of all the people who have permission to pick up your child from school:

\_\_\_\_\_  
\_\_\_\_\_

Any other restrictions the faculty should be aware of? Allergies?

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_  
(Parent or Legal Guardian)