_____

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)