



Welcome to St. Luke's School registration!

The three pages of this PDF have fields that can be filled in, and then printed.

In addition, you may print this PDF as a blank document and then write in the information.

If you are submitting information for multiple children, you will find this form easy to use. Fill in the fields for the first child, print the document, and then change the data for the remaining child.

If you save the document, any information you put in will also be saved and available the next time you open the PDF. Saving a separate document for each child is recommended.

If you have any questions, please contact Kelly Plocher.

Use the "TAB" button to move to the next field.

St. Luke's Lutheran School Vassar, Michigan 48768		Teacher:	
		Grade:	
EMERGENCY INFORMATION SHEET		Date:	
STUDENT			
Name			
Last:			
First:			
Middle:			
Birth Date:			
Address:			
Phone Number:			
PARENTS			
Father			
Father's Name			
Father's Cell Phone			
Email			
Employer			
Work Phone Number			
Mother			
Mother's Name			
Mother's Cell Phone			
Email			
Employer			
Work Phone Number			
Marital Status: Married <input type="checkbox"/>		Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>
With whom does this child live:			
Both Parents <input type="checkbox"/>	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Guardian <input type="checkbox"/>
PERMISSION			
I. In case of illness or accident to my child while under school custody, the school is hereby authorized to use any of the following procedures in case an immediate contact cannot be made with either parent:			
List two nearby relatives or neighbors who will assume temporary care of your child if you cannot be reached			
Name:			Relationship to Child:
Address:			Phone Number:
Name:			Relationship to Child:
Address:			Phone Number:
II. In the event the school deems it necessary to call a doctor or dentist, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the local physician or dentist indicated below and to follow his instructions. If it is impossible to contact this physician or dentist, the school may make whatever arrangements it deems necessary.			
1. Send the child to the following LOCAL doctor or dentist according to need:			
Family Doctor:			Phone Number:
Local Doctor:			Phone Number:
Local Dentist:			Phone Number:
2. Send the child to the following hospital: _____			
3. Are there any medical problems we should be aware of: _____			
If yes, please explain:			

MEDICATION		
Diagnosis:		
Medication:		
Doctor in charge:		
Directions for administering: (e.g. one tablet, QID, etc.)		
Signature of Parent:		
LIST OF BROTHERS & SISTERS		
Name	Grade	School Attending
GENERAL		
<p>In case of any emergency and the school finds it necessary to transport students to their homes at a time other than normal dismissal times, <u>your child will be taken to his regular bus stop</u>. If your child lives in town he will be dismissed to walk home. The PARENT'S RESPONSIBILITY is to inform their child(ren) where to go in the immediate neighborhood if no one is at home.</p>		
Student's Name:		
<p>Has been informed that he/she will go to the following: (Name of family, address, telephone number)</p>		
Name of Family	Address	Telephone No.
EMERGENCY MEDICAL AUTHORIZATION PERMIT		
<p>Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I do hereby grant to the school, principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses and treatment, including surgical intervention, if necessary on behalf of my minor child listed and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present.</p> <p>This authorization is valid for the current school year or until such time I withdraw the authorization.</p>		
Signed (Parent or Guardian):		
Date:		