

Name(s) of Person other than Parent , Legal Guardian, or St. Luke's Lutheran School staff members to whom child may be released:			
Relationship to Child		Their Cell Phone	
State Zip	City	Their Work Phone	Their Home Phone
Emergency Contact's Local Address		Local Emergency Contact Person Notified when Parent is not Available:	
Employer / School Phone	Cell Phone	Employer / School Phone	Cell Phone
Email Address		Email Address	
State Zip Code	City	State Zip Code	City
Home Address: (If not child's Address)		Home Address: (If not child's Address)	
Mother/ Legal Guardian's Name		Father/Legal Guardian's Name	
State Zip Code	City	Home Phone Number	Child's Date of Birth
Address		Name of Child	
CHILD INFORMATION RECORD		Grade:	Date:

Date:	Grade:	CHILD INFORMATION RECORD	
Name of Child		Address	
Child's Date of Birth	Home Phone Number	City	State Zip Code
Father/Legal Guardian's Name		Mother/ Legal Guardian's Name	
Home Address: (If not child's Address)		Home Address: (If not child's Address)	
City	State Zip Code	City	State Zip Code
Email Address		Email Address	
Cell Phone	Employer/ School Phone	Cell Phone	Employer / School Phone
Local Emergency Contact Person Notified when Parent is not Available:		Emergency Contact's Local Address	
Their Home Phone	Their Work Phone	City	State Zip
Their Cell Phone	Relationship to Child		
Name(s) of Person other than Parent , Legal Guardian, or St. Luke's Lutheran School staff members to whom child may be released:			

<p>Signature of Parent or Guardian</p> <p>_____</p>		<p>Date Signed</p> <p>_____</p>	
<p>PUBLICITY RELEASE I hereby give permission to St. Luke's Lutheran School to publish my child's photo and/or written work in publications produced by the school, and/or submitted to outside publications (i.e., newspaper, etc.) by the school for publicity purposes.</p>			
<p>Allergies, If Any</p> <p>_____</p>		<p>Date of Last Tetanus Shot</p> <p>_____</p>	
<p>Hospital Preferred for Emergency Treatment</p> <p>_____</p>		<p>Health Insurance Policy Name and Number</p> <p>_____</p>	
<p>Name and Address of Child's Physician or Health Clinic</p> <p>_____</p>		<p>Phone Number</p> <p>_____</p>	
<p>Signature of Parent or Guardian</p> <p>_____</p>		<p>Date Signed</p> <p>_____</p>	
<p>Please check one of the boxes</p> <p><input type="checkbox"/> I give permission to the faculty and staff of St. Luke's Lutheran School to secure emergency medical and/or emergency surgical treatment for the above named minor child while in their care.</p> <p><input type="checkbox"/> I do not give permission to the faculty and staff of St. Luke's Lutheran School to secure emergency medical and/or emergency treatment for the above named minor while in their care.</p>			
<p>Special Medical Conditions Conditions</p> <p>_____</p>			

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