

**ST. LUKE'S LUTHERAN SCHOOL
VASSAR, MICHIGAN 48768
EMERGENCY INFORMATION SHEET**

TEACHER _____

GRADE _____

DATE _____

Name _____
Last First Middle Birth Date

_____ Address City Phone Number

_____ **Name of Father** Father's Employer Employer's Phone Number

_____ Address City Phone Number

_____ Cell Phone Email Address

_____ **Name of Mother** Mother's Employer Employer's Phone Number

_____ Address City Phone Number

_____ Cell Phone Email Address

* Marital Status: Married _____ Divorced _____ Separated _____

* With whom does this child live:

Both Parents _____ Mother _____ Father _____ Guardian _____

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:

I. List two nearby relatives or neighbors who will assume temporary care of your child if you cannot be reached.

1. **Name** _____ Relationship to Child _____

Address _____ Phone Number _____

2. **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 or allergies we should be aware of? _____

If so, what? _____

MEDICATION

DIAGNOSIS: _____

MEDICATION: _____

DOCTOR IN CHARGE: _____

DIRECTIONS FOR ADMINISTERING (e.g., one tablet, q.i.d., etc.): _____

✕ SIGNED _____ DATE _____
Parent or Guardian

<u>List of Brothers & Sisters</u>	<u>Grade</u>	<u>School Attending</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

In case of any emergency in which the school finds it necessary to release students to their homes at a time other than normal dismissal times, your child will be taken to his regular bus stop. 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.

_____ has been informed that he/she will go to _____

Name of family, address, telephone number in case no one is home.

EMERGENCY MEDICAL AUTHORIZATION PERMIT

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.

This authorization is valid for the current school year or until such time I withdraw the authorization.

✕ SIGNED _____ DATE _____
Parent or Guardian

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.

✕ SIGNED _____ DATE _____
Parent or Guardian