

EMERGENCY CONTACT AND STUDENT RELEASE FORM

Family Last Name: _____

Student Name(s) _____

Home Address: _____

Cell carrier:

*Mom Cell: _____

Address #2: _____ *Dad Cell: _____

(only if applicable) _____ *Home: _____



Mark which number you want us to call first!

Mother's Information^: Name: _____ Place of Employment: _____ Phone: _____ Ext: _____ Email: _____		Father's Information^: Name: _____ Place of Employment: _____ Phone: _____ Ext: _____ Email: _____	
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^Divorced or separated parents must provide the necessary court documentation.^

The names listed below, in addition to the two parents, are authorized (by your signature below) to assume responsibility for the child(ren) listed above. They are also granted permission to pick up your child(ren) from St. Paul's Lutheran School and Extended Care. Authorized adults may be asked for identification. If someone other than an authorized adult tries to pick up your child(ren) without your written consent, we will hold your child(ren) until a parent can be contacted.

	Name	Relationship	Cell Phone	Home Phone
1				
2				
3				
4				

Students	Grade	Allergies	Special Health Conditions

Physician Name: _____	Hospital Preference: _____
Physician Phone: _____	

By signing this document, you are authorizing St. Paul's Lutheran School to send your child(ren) (via emergency vehicle) to an available hospital or physician in the case of an emergency that requires immediate medical and/or hospital attention.

Are you a member of St. Paul's Lutheran Church? Yes No

If not and you attend elsewhere, please provide the name of your church: _____

Parent or Guardian Signature: _____ Date: _____