

EMERGENCY CARE CARD

CHILD'S Name _____ Child's Date of Birth _____ Grade _____	CHILD'S Name _____ Child's Date of Birth _____ Grade _____
CHILD'S Name _____ Child's Date of Birth _____ Grade _____	CHILD'S Name _____ Child's Date of Birth _____ Grade _____

MOTHER'S Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Business Name _____ Business Phone _____

FATHER'S Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Business Name _____ Business Phone _____

Primary Email _____ Secondary Email _____

Doctor's Name _____ Doctor's Phone _____

I hereby authorize St. Paul Lutheran School, in event of a medical emergency, to contact "911" for the administration of treatment and/or the transportation of my child(ren) to the nearest hospital in the event it deems necessary.

Signature of Parents/Guardians _____ / _____

For minor illness when parents cannot be reached by phone (please print):

Name _____ Phone _____

ST. PAUL LUTHERAN SCHOOL AUTHORIZATION FOR STUDENT PICK-UP

_____ may be picked up by the following persons only

<u>Names</u> (please print)	<u>Address</u>	<u>Telephone</u>
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_____	_____	_____
_____	_____	_____

Child's Name and Allergy _____

We/I give permission for my child's photograph/image to be used in the newspaper, website, or videos of the school/church related events.	
_____ / _____	_____ / _____
Signature of Parent(s) or Legal Guardian	Date