

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
Names (please print) Address Telephone

Child's Name and Allergy
