

## 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

Names (please print) \_\_\_\_\_ may be picked up by the following persons only  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

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Child's Name and Allergy \_\_\_\_\_

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