

# 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 Parent/Guardian \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

