



2019-2020 EMERGENCY CONTACT INFORMATION

The following emergency information is required for each student on a separate form. Please print clearly in black ink and return to the school. It is very important that we have all contact phone numbers, e-mail addresses, and complete student information in case of an emergency.

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_
Home Address \_\_\_\_\_

List any medical conditions, allergies or other medical information ST. Martin's should be aware of:

Is the student taking any medications on a regular basis? Yes [ ] No [ ]

If Yes, please explain: \_\_\_\_\_

Does your child require an Epi-pen? Yes [ ] No [ ]

PLEASE MARK CHECK BOX TO INDICATE WHICH NUMBER IS BEST TO REACH YOU.

Mother's Name: \_\_\_\_\_ Employer \_\_\_\_\_
Occupation \_\_\_\_\_ Title \_\_\_\_\_

[ ] Home phone \_\_\_\_\_ [ ] Work phone \_\_\_\_\_ [ ] Cell \_\_\_\_\_

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer \_\_\_\_\_
Occupation \_\_\_\_\_ Title \_\_\_\_\_

[ ] Home phone \_\_\_\_\_ [ ] Work phone \_\_\_\_\_ [ ] Cell \_\_\_\_\_

Email: \_\_\_\_\_

EMERGENCY MEDICAL INFORMATION

Please list two persons who may be contacted in case of emergency, illness, or early dismissal, if parent or guardian cannot be reached.

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

In the event of emergency, please list the following:

Student's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Student's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**AUTHORIZED PICK-UP PERSON**

Please print the names of the persons authorized by you to pick up your child.

Student Name: \_\_\_\_\_

- 1. \_\_\_\_\_  

Name	Relationship	Phone
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- 2. \_\_\_\_\_  

Name	Relationship	Phone
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- 3. \_\_\_\_\_  

Name	Relationship	Phone
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- 4. \_\_\_\_\_  

Name	Relationship	Phone
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*Note: Special pick-ups not listed above must have written permission by parent/guardian.*

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

In emergencies requiring immediate medical attention, your child will be taken to the nearest hospital emergency room. Your signature authorizes a responsible person at St. Martin's Lutheran School to have your child transported to that hospital.

I, \_\_\_\_\_ hereby authorize emergency medical care for my child (name), \_\_\_\_\_, if, in the judgement of the staff, treatment is required for any injury or illness. I hereby also authorize the administering of anesthetics and/or any other procedures deemed necessary by the attending physician. I understand that I will be notified at the earliest possible time should prior notice prove impossible. My child is allergic to the following medications and anesthetics:

\_\_\_\_\_  
\_\_\_\_\_

I understand that I am financially responsible for any expenses for medical care or transportation incurred on behalf of my child.

Signature of Parent or Guardian	Date
Insurance Carrier _____	Membership Number _____
	Group Number _____