

**ST. JOHN'S LUTHERAN SCHOOL
EMERGENCY INFORMATION
2010-2011**

**ALL SECTIONS OF THE EMERGENCY FORM ARE REQUIRED TO BE
LEGIBLE AND COMPLETED IN FULL**

STUDENT'S NAME	GRADE	DATE OF BIRTH
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MOTHER'S NAME	STREET	CITY/ZIP CODE	HOME PHONE#
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FATHER'S NAME	STREET	CITY/ZIP CODE	HOME PHONE #
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MOTHER'S PLACE OF EMPLOYMENT	WORK PHONE #	CELL PHONE #
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FATHER'S PLACE OF EMPLOYMENT	WORK PHONE #	CELL PHONE #
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LIST ANY KNOWN ALLERGY TO MEDICATION: _____

LIST ANY KNOWN ALLERGY TO FOOD: _____

LIST ANY KNOWN ALLERGY TO ANIMALS: _____

LOCAL PERSON TO ASSUME RESPONSIBILITY OF YOUR CHILD, IF UNABLE TO CONTACT PARENTS (REQUIRED):

NAME	ADDRESS	PHONE #
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HEALTH INSURANCE CARRIER	INSURANCE POLICY NUMBER
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DOCTOR'S NAME	PHONE#
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IF NEITHER PARENT CAN BE CONTACTED, I AUTHORIZE THE SCHOOL PERSONNEL TO TAKE SUCH EMERGENCY ACTION AS MAY BE DEEMED NECESSARY FOR THE SAFETY & WELL BEING OF MY/OUR CHILD.

SIGNATURE OF PARENT	DATE
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BELOW, PLEASE LIST ANY OTHER INFORMATION YOU FEEL WE SHOULD KNOW REGARDING YOUR CHILD: _____
