

# Emergency Contact Card



Child's Name (Last, First, Middle)		Date of Birth	Age	Grade
Street		City	State	Zip Code
Home Phone Number		Work Phone Number		

**Priority Contacts: Parent/Guardian information must be identified as first priority.**

1st	Full Name	Relationship	Employer
	Home Phone Number	Cell Phone Number	Work Phone Number
2nd	Full Name	Relationship	Employer
	Home Phone Number	Cell Phone Number	Work Phone Number
3rd	Full Name	Relationship	Employer
	Home Phone Number	Cell Phone Number	Work Phone Number

**Family Physician**

Name (Last, First, Middle)	Phone Number	Ext.
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In case of serious accident or illness at school, the school principal or designee will send or take your child to an appropriate emergency care center/hospital if, in his opinion, emergency medical care is required and you, the parent and/or legal guardian, cannot be reached. The parent/legal guardian is responsible for medical expenses incurred on behalf of your child.

**Please state any existing physical condition that this student has that could require emergency medical treatment, and/or please list any special request you wish to make to help us aid this student in case of any emergency.**

I give my permission to Saint Lucas Lutheran School to dispense Tylenol or Ibuprofen to my child when needed. Tylenol and Ibuprofen are donated by Saint Lucas Lutheran School (Initials \_\_\_\_\_)

Health Care Insurance Provider \_\_\_\_\_ Policy No. \_\_\_\_\_

I (We) agree to have our son/daughter (ward) \_\_\_\_\_ handled in the above manner and herewith give consent for medical treatment if such conditions arise.

**BOTH SIGNATURES (if applicable) ARE REQUIRED**

Parent's/Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTIFY SAINT LUCAS WHENEVER ANY OF THE ABOVE INFORMATION CHANGES**

