

## 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 \_\_\_\_\_ Beeper \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Address \_\_\_\_\_

**FATHER'S Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Beeper \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Address \_\_\_\_\_

Doctor's Name \_\_\_\_\_ 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 Phone:

Name \_\_\_\_\_ Phone \_\_\_\_\_

### ST. PAUL LUTHERAN SCHOOL AUTHORIZATION FOR STUDENT PICK-UP

\_\_\_\_\_ may be picked up by the following persons only

<u>Names</u>	<u>Address</u>	<u>Telephone</u>

I give my permission for my child's photograph/image to be used in the newspaper, website or videos of school related events.

Signature of Parent(s) or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_