

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>

<u>Child Name</u>	<u>Allergies</u>

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

Signature of Parent(s) or Legal Guardian

Date