## **EMERGENCY CARD**

Child's Name	Birthdate	
Parent's Name	Home Phone	
Street Address	Mobil Phone	
City, State, Zip		
Mother's Employer		
Work Phone	Work Hours	
Father's Employer		
	Work Hours	
If staff is unable to reach parent(s), they	/ will attempt to reach one of the following:	
Name	Phone	
Address	Relationship	
Name	Phone	
Address	Relationship	
Specific instructions regarding emergen	acy care if not covered above	
List known allergies:		
Date of last Tetanus shot:		
medical service before the parent, child In the event of a medical emergency, I u	tuations the school will need to contact the emergency 's physician and/or other adult acting on the parent's behalf. understand that my child will be transported to the nearest ermines this is necessary for treatment. The child will be	
Physician's Name:	Phone	
Address		
Dentist Name:		
Address		
	Trinity Lutheran School to take whatever emergency care & protection of my child under supervision of this school.	
(Parent Signature)	(Date)	

## Trinity Lutheran School Pick Up Authorization Form

In addition to the names you listed on the emergency contact list, we are trying to compose a list of other authorized persons who may pick up your child from school. This is help make sure that we are releasing them to the properly designated person(s). Please list below any additional names, and contact information that would help us, in the event we may need to reach them. List as many names as you need. In addition, it is always appreciated when you contact the office to let them know in advance if possible, that someone else may be picking your child up at school.

Thank you for your cooperation.	