

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 Phone _____ 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 emergency care if not covered above _____

List known allergies: _____

Date of last Tetanus shot: _____

I understand that in some emergency situations the school will need to contact the emergency medical service before the parent, child's physician and/or other adult acting on the parent's behalf. In the event of a medical emergency, I understand that my child will be transported to the nearest hospital, if the local emergency unit determines this is necessary for treatment. The child will be transported at the expense of:

_____. (Parent's Names)

Physician's Name: _____ Phone _____

Address _____

Dentist Name: _____ Phone _____

Address _____

I hereby grant permission to the staff of Trinity Lutheran School to take whatever emergency measures are judged necessary for the care & protection of my child under supervision of this school.

(Parent Signature)

(Date)

