

**THE LUTHERAN CHURCH AND SCHOOL OF SAINT LUKE**

**EMERGENCY INFORMATION**

FAMILY NAME: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Baptismal Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street

City

Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_ Best Contact Number: ( ) Home ( ) Cell ( ) Work

E-Mail Address: \_\_\_\_\_

Who Does Student(s) Live With: ( ) Mother ( ) Father ( ) Both (Please Select Primary Residence)

WHO SHOULD BE CONTACTED IN CASE OF EMERGENCY: ( ) Mother ( ) Father ( ) Other\*

Mother's Name: \_\_\_\_\_ Work Phone :(\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Employer's Name & City: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone :(\_\_\_\_\_) \_\_\_\_\_ Cell Phone :(\_\_\_\_) \_\_\_\_\_

Employer's Name & City: \_\_\_\_\_

*Please list two adults who will assume temporary care of your child if you cannot be reached. \**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Relation: \_\_\_\_\_

Relation: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

PLEASE LIST BELOW IF THERE ARE ANY SPECIFIC HEALTH CONCERNS FOR YOUR CHILD. (I.e. allergies, migraines, special needs, etc.)

Student's Name: \_\_\_\_\_

I authorize the Lutheran School of Saint Luke to seek the necessary emergency care and treatment for my child whenever those individuals designated above are not available for consultation and direction, I agree to accept legal responsibility for ambulance conveyance and for medical expenses incurred on behalf of my child.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE SEE REVERSE SIDE**

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## E-MAIL REQUEST

The school newsletter and other school related communications will be via e-mail. In order to accomplish this, your e-mail address is required. Please be assured that your e-mail address will not be distributed to anyone without your permission.

E-MAIL ADDRESS: \_\_\_\_\_

Permission is granted to use my e-mail address:

( ) Yes

( ) No

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

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## PERMISSION FOR PUBLICATION OF STUDENT PHOTOGRAPHS

From time to time, pictures of Saint Luke students may be used to provide information or to promote our school. Possible media include, but are not limited to, school and church newsletters, newspapers, television, school web site, and promotional materials. Student pictures may, at times, be identified by first name only.

Permission is granted for my child's photograph to be published. This will remain in effect until August.

( ) Yes

( ) No

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

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## LIBRARY FORM (Pre-Kindergarten – 8th grade only)

Your children are entering a new school year at Saint Luke. The students will be using the Library, checking out books for assignments or their reading pleasure.

We are asking you to take responsibility for all late fees and lost or damaged books. The Library sends home notices with the children so that you are aware of the fines.

*I agree to accept responsibility for all late fees and lost or damaged books on behalf on my child.*

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date