

WESTCHESTER LUTHERAN EMERGENCY FORM

Student Last Name	First Name	F M	Date of Birth	Grade
		Sex		

Siblings: _____ **Grades:** _____

Mother's Name	Father's Name
()	()
Home Phone	Home Phone
()	()
Cell Phone	Cell Phone

Home Address	Home Address
City, St ZIP Code	City, St ZIP Code

Provide an email where school correspondence can be send _____

Place of Employment	Place of Employment
Occupation	Occupation
()	()
Work Phone	Work Phone

Provide an email where school correspondence can be sent _____

Parents Marital Status: Married Separated Divorce Other, explain _____

Child lives with: Both Parents Mother Only Father Only Joint Custody Guardians

If joint custody arrangement, indicate school days with each parent. _____

Alternative Emergency Contacts – If need rises for my child to be picked up from school and I cannot be reached, I authorize school personnel to call any of the following persons to pick up my child:

Name	Relationship	Work Phone	Cell Phone
		()	()
Name	Relationship	Work Phone	Cell Phone
		()	()
Name	Relationship	Work Phone	Cell Phone
		()	()

Medical Information – I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Student's Doctor _____ **Phone** _____

Address _____

Student's Allergies/ Special Health Considerations:

My child may be given Tylenol: Yes No if yes check one: Children's Junior

I give permission for my child to go on field trips. I release Westchester Lutheran School and individuals from liability in case of accident during activities related to Westchester Lutheran School, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature _____ **Date** _____