



CHRIST LUTHERAN SCHOOL & PRESCHOOL

LA MESA CALIFORNIA

STUDENT EMERGENCY INFORMATION FORM

Date: ____/____/____

STUDENT INFORMATION:

Last Name: _____ First Name: _____ M.I.: _____ Goes by: _____

Birth Date: ____/____/____ Gender: ____ Male ____ Female Child # ____ of ____

Race: *(for statistical purpose only)* ____ African-American ____ Caucasian ____ Hispanic ____ Asian ____ Other: _____

Family church home: _____ Attendance: ____ Regular ____ Occasional ____ Seldom ____

Name of Pastor/Priest: _____ Baptismal Date: ____/____/____

PARENT/GUARDIAN #1:

Last Name: _____ First Name: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____ Cellular Telephone: (____) ____-____

Occupation: _____ Home Telephone: (____) ____-____

Name of Business: _____ Business Telephone: (____) ____-____

Relationship to this student: _____

Does this parent/guardian live with this student? ____ Yes ____ No ____ Periodically: _____

PARENT/GUARDIAN #2:

Last Name: _____ First Name: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____ Cellular Telephone: (____) ____-____

Occupation: _____ Home Telephone: (____) ____-____

Name of Business: _____ Business Telephone: (____) ____-____

Relationship to this student: _____

Does this parent/guardian live with this student? ____ Yes ____ No ____ Periodically: _____

SIBLINGS:

Name : _____ DOB: _____ School Attending: _____

Name: _____ DOB: _____ School Attending: _____

Name: _____ DOB: _____ School Attending: _____

Child's Name: _____

EMERGENCY CONTACTS:

Emergency Contact Person #1: Name: _____ Relationship: _____ (Other than Parent/Guardian)

Cellular Telephone: (____) ____-____ Home Telephone: (____) ____-____

Emergency Contact Person #2: Name: _____ Relationship: _____ (Other than Parent/Guardian)

Cellular Telephone: (____) ____-____ Home Telephone: (____) ____-____

Authorization is granted to the above individual(s) to sign this student out of school. Please initial _____

MEDICAL CONSENT/INFORMATION:

Permission granted to administer: ____ Children's Tylenol - 100 mg. Oral Suspension ____ Neosporin

(Please check appropriate area) ____ Children's Advil - 100 mg. Oral Suspension ____ Bactine

Special Health Considerations/Allergies/Physical Limitations/Medical History: _____

Special Medications(s): _____

Doctor(s) Name: _____ Phone # _____

Administrative procedures vary among medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance. In case of an accident or emergency, when a parent cannot be contacted, I authorize a staff member of Christ Lutheran Preschool to authorize emergency medical transportation and/or treatment that is deemed necessary for the safety and protection of my child.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

SIGN-OUT AUTHORIZATION: Authorization is granted to the following individuals to sign this student out of school/extended school care, as directed by Parent/Guardian.

- | | |
|-------------------------------------|-------------------------------------|
| 1. Authorized Person: _____ | 3. Authorized Person: _____ |
| Relationship to this student: _____ | Relationship to this student: _____ |
| Home Telephone: (____) ____-____ | Home Telephone: (____) ____-____ |
| Cell Telephone: (____) ____-____ | Cell Telephone: (____) ____-____ |
| 2. Authorized Person: _____ | 4. Authorized Person: _____ |
| Relationship to this student: _____ | Relationship to this student: _____ |
| Home Telephone: (____) ____-____ | Home Telephone: (____) ____-____ |
| Cell Telephone: (____) ____-____ | Cell Telephone: (____) ____-____ |