



# Emergency and Safety 2017-2018 Academic Year

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## Contact Information

*This section needs to be filled out each school year.*

Student's Name _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Grade (if in preschool indicate program) _____	Date of Birth _____	
Student's Name _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Grade (if in Preschool indicate program) _____	Date of Birth _____	
Student's Name _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Grade (if in Preschool indicate program) _____	Date of Birth _____	
Student's Name _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Grade (if in Preschool indicate program) _____	Date of Birth _____	

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Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Primary Email \_\_\_\_\_

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Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Company \_\_\_\_\_ Position \_\_\_\_\_

Hours at Work \_\_\_\_\_ to \_\_\_\_\_

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Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Company \_\_\_\_\_ Position \_\_\_\_\_

Hours at Work \_\_\_\_\_ to \_\_\_\_\_

**Parents are always contacted first.**

**Two emergency numbers other than the parent(s) must be on file.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

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### Student Medical Information

*This section needs to be filled out each school year.*

Are there any medical conditions or food/animal allergies we should be aware of?  Yes  No

If yes, please list the child(ren) and explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child(ren) on any kind of medication?  Yes  No

If yes, please list the child(ren) and explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

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## Permission to Pick-Up a Student

*This section needs to be filled out for students entering preschool-fourth grade who will be picked up by someone other than their parents.*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

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Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

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Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

***When after school activities involve pick-up by individual(s) not listed above, written or verbal notification must be communicated to the office.***

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## Permission For Walking Field Trips

*This section needs to be filled out each school year.*

***This permission slip allows your child(ren) to take class walks with his/her teachers throughout the school year around the St. James Lutheran School neighborhood (e.g. Oz Park).***

My Child(ren)

\_\_\_\_\_ (full name)

\_\_\_\_\_ (full name)

\_\_\_\_\_ (full name)

\_\_\_\_\_ (full name)

has permission to take neighborhood walks with his/her teachers during the 2015-2016 school year.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

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