



Emergency and Safety 2016-2017 Academic Year

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 _____	

Street Address _____

City _____ State _____ Zip _____

Primary Phone _____ Primary Email _____

Father's Name _____ Home Phone _____

Work Number _____ Cell Number _____

Company _____ Position _____

Hours at Work _____ to _____

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 _____

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 _____

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 _____

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Phone _____

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.

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 _____



