

2016-2017 SHEPHERD OF THE VALLEY LUTHERAN PRESCHOOL EMERGENCY INFORMATION CARD

Student's name _____ Sex M F Grade _____ Date of birth _____

(Please print) Last First

Address _____

Email _____

Priority Contact phone _____

Mother _____ Phone #'s Cell _____ Work _____ Home _____

Father _____ Phone #'s Cell _____ Work _____ Home _____

Parents are: Married Divorced Separated Widowed Student resides with: Mother Father

Race/Ethnicity: White, not Hispanic Hispanic Black Asian Other: _____

Two people to whom we may release your child in case of illness or emergency: (Additional names may be listed on reverse side.)

Name _____

Address _____ Phone _____

Name _____

Address _____ Phone _____

Physician Information

Physician _____

Address _____ Phone _____

Medical conditions or allergies _____

Medications taken: _____

In case of accident or serious illness, I request the school contact me. If the school is unable to contact me, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary. I understand the school does not assume responsibility for any medical payments.

Signature of Mother, Father, or Guardian: _____ **Date** _____