

# 2017-2018 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** \_\_\_\_\_