

STUDENT CONTACT INFORMATION

The following information is necessary for communication with the parents of St. Paul's Lutheran School students and for making emergency contact during the school day and or during inter-school athletic activities and field trips in the event of sickness or injuries. If any of this information changes during the school year it is the parent's responsibility to notify the school so the records can stay current.

STUDENTS FOR WHOM THIS INFORMATION APPLIES

Student Name: _____	Birthdate: _____	Grade: _____
Student Name: _____	Birthdate: _____	Grade: _____

CONTACT INFORMATION – CORRESPONDENCE AND EMERGENCY

Home Address: _____	
1ST Contact <input type="checkbox"/> Emergency <input type="checkbox"/> Correspondence Name: _____ Relationship to Student: _____ Home Phone # _____ Cell Phone # _____ Email Address: _____ Work Phone # _____	2nd Contact <input type="checkbox"/> Emergency <input type="checkbox"/> Correspondence Name: _____ Relationship to Student: _____ Home Phone # _____ Cell Phone # _____ Email Address: _____ Work Phone # _____
3rd Contact <input type="checkbox"/> Emergency <input type="checkbox"/> Correspondence Name: _____ Relationship to Student: _____ Home Phone # _____ Cell Phone # _____ Email Address: _____ Work Phone # _____	4th Contact <input type="checkbox"/> Emergency <input type="checkbox"/> Correspondence Name: _____ Relationship to Student: _____ Home Phone # _____ Cell Phone # _____ Email Address: _____ Work Phone # _____

MEDICAL CONTACT INFORMATION

Doctor's Name: _____	Dentist's Name: _____
Doctor's Phone #: _____	Dentist's Phone #: _____
City: _____	City: _____
Insurance Co: _____	

I give my permission to St. Paul's Teachers & Staff to administer the following to my child if needed:

Student Name _____ (indicate dosage) ___ Tylenol ___ Motrin ___ Advil ___ Tums
 Student Name _____ (indicate dosage) ___ Tylenol ___ Motrin ___ Advil ___ Tums

Further, I(we) authorize St. Paul's Lutheran School, through its teachers, staff, and coaches, to provide or authorize emergency treatment of an injury to or illness of my (our) child if deemed necessary by his/her team coach or when qualified medical personnel, including paramedics, consider treatment necessary and perform the treatment. This authorization is granted only if the undersigned is not present or if the undersigned cannot be contacted in a timely manner under the circumstances.

Parent/Guardian Signature: _____

Date: _____