

# EMERGENCY CARD

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Mobil Phone \_\_\_\_\_

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

Mother's Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Hours \_\_\_\_\_

Father's Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Hours \_\_\_\_\_

If staff is unable to reach parent(s), they will attempt to reach one of the following:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Specific instructions regarding emergency care if not covered above \_\_\_\_\_

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List known allergies: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

I understand that in some emergency situations the school will need to contact the emergency medical service before the parent, child's physician and/or other adult acting on the parent's behalf. In the event of a medical emergency, I understand that my child will be transported to the nearest hospital, if the local emergency unit determines this is necessary for treatment. The child will be transported at the expense of:

\_\_\_\_\_. (Parent's Names)

Physician's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

I hereby grant permission to the staff of Trinity Lutheran School to take whatever emergency measures are judged necessary for the care & protection of my child under supervision of this school.

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(Parent Signature)

(Date)