

IDENTIFICATION AND EMERGENCY INFORMATION - ST. PAUL LUTHERAN PRESCHOOL

NAME OF CHILD: (last) (middle)	(first) (nickname)
ADDRESS:	CITY/ZIP:
DATE OF BIRTH:	ALLERGIES:
YOUR CHURCH:	DATE OF BAPTISM:
E-MAIL	Best way to contact you:
MOTHER/GUARDIAN:	CELL or HOME PHONE:
ADDRESS:	HRS. AT WORK:
EMPLOYMENT/SCHOOL	PHONE:
FATHER/GUARDIAN:	HOME PHONE:
ADDRESS	HRS. AT WORK:
EMPLOYMENT/SCHOOL:	PHONE:

I give permission for my child to participate in field trips and other activities during operating hours.

Transported Yes No Walking Yes No

Signature of Parent/Guardian _____ Date Signed _____

Under no circumstances will a child be released to anyone not known to the school without authorization from parents or guardian.

NOTE: It is legal for either parent to pick-up child unless we have a copy of a court order restricting visitations.
PERSONS AUTHORIZED TO PICK UP YOUR CHILD

NAME:	RELATIONSHIP TO CHILD:
ADDRESS:	PHONE:
NAME	RELATIONSHIP TO CHILD:
ADDRESS:	PHONE:

EMERGENCY CONTACT

(person to be contacted if parents/guardian cannot be reached.)

NAME:	RELATIONSHIP TO CHILD:
ADDRESS:	PHONE:

EMERGENCY INFORMATION

CHILD'S PHYSICIAN:	PHONE:
PREFERRED HOSPITAL:	PHONE:

I give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
Signature of Parent/Guardian _____ Date signed _____