

**MESSIAH LUTHERAN SCHOOL**  
**Emergency Information**  
**2011-2012**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Child lives with: \_\_\_\_\_

Mother: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Bus. Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Bus. Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Person(s) to contact if parents are unavailable:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Sponsor's SSN: \_\_\_\_\_

Insurance CO.: \_\_\_\_\_

Policy #: \_\_\_\_\_

Insurance CO.: \_\_\_\_\_

Policy #: \_\_\_\_\_

In the event that I cannot be reached, I hereby give my permission for my child to receive any necessary emergency medical care or treatment. I understand that every effort will be made to contact me or my spouse before such action is taken. I will be responsible for the payment of such care or treatment.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent