



St. Luke's Day School

Emergency Information Form 2018-2019

** Please print and fill out completely in blue or black ink **

Child's Name _____ Nickname _____ Birth Date ___/___/___
 First Last

Parent 1 Name _____
 First Last

Parent 2 Name _____
 First Last

Do parents reside in the same home? ___ Yes ___ No

Home Address _____

City _____ State _____ Zip Code _____

Parent 1 Home Phone _____ Work _____ Cell _____

Email _____ Text messages okay? ___ Yes ___ No

Parent 2 Home Phone _____ Work _____ Cell _____

Email _____ Text messages okay? ___ Yes ___ No

Emergency Contact Name _____ Cell _____

Persons authorized to pick up your child:

(Under no circumstances will child be released to anyone without written authorization from the parents. Authorizations need to be updated in the office as changes in plans occur, inc. playdates.)

1. Name _____ Relationship _____

Phone 1 _____ Phone 2 _____

2. Name _____ Relationship _____

Phone 1 _____ Phone 2 _____

3. Name _____ Relationship _____

Phone 1 _____ Phone 2 _____

Person/s NOT authorized to pick up your child due to custodial agreements (*Appropriate paperwork and custody papers must be attached*):

Name _____ Relationship to child _____

Person/s to be called if child is sick and needs to be picked up because parents cannot be reached:

1. Name _____ Relationship to Child _____

Phone 1 _____ Phone 2 _____

2. Name _____ Relationship to Child _____

Phone 1 _____ Phone 2 _____

3. Name _____ Relationship to Child _____

Phone 1 _____ Phone 2 _____

Parent Signatures _____ Date _____



**St. Luke's Day School
Authorization for Emergency Medical Care**

If it becomes necessary to transfer your child to a medical facility,
this release will be given to emergency room personnel.

I authorize St. Luke's Day School to obtain medical care by calling 911 in any situation that requires immediate medical attention. I also authorize physicians in the emergency room to render medical treatment, which in their judgment may be necessary. I understand that I will be notified immediately if such a situation should arise.

Parent Signatures _____ **Date** _____

*** Please print and fill out completely in blue or black ink ***

Child's Name _____ **Birth Date** ____/____/____
 First **MI** **Last**

Address _____

City/State/Zip Code _____

Parent 1 Name _____ **Employment Address** _____

Home Phone _____ **Work** _____ **Cell** _____

Parent 2 Name _____ **Employment Address** _____

Home Phone _____ **Work** _____ **Cell** _____

Name of Insurance Company _____

Name of Subscriber _____ **Policy Number** _____

Child's Physician _____ **Phone** _____

Allergies _____ **Current Medication** _____

Last Tetanus Shot Date _____

Other Medical Concerns (ex. diabetes, asthma, heart disease, etc.) _____
