



ST. LUKE'S DAY SCHOOL
8009 FORT HUNT ROAD • ALEXANDRIA, VIRGINIA 22308 • 703-765-6699

EMERGENCY INFORMATION FORM 2020-21
FILL OUT COMPLETELY (IN BLUE OR BLACK INK) - PLEASE PRINT

I. Child's Name _____ Nickname _____ Birth Date ____/____/____
First Last

Parent 1 Name _____ Parent 2 Name _____
First Last First Last

Do parents reside in the same home? ___ yes ___ no

Home Address _____ City _____ State ____ Zip Code _____

Parent 1 Home Phone _____ Work _____ Cell _____

Parent 2 Home Phone _____ Work _____ Cell _____

Text messages ok? Yes or no (please circle) Cell Number to receive text _____

II. Emergency Contact Name _____ Phone _____ Email _____

III. **Persons authorized to pick up your child:**

(Under no circumstances will child be released to anyone not on the following list without written authorization from the parents. Authorizations need to be updated in the office as changes in plans occur, including playdates.)

1. Name _____ Phone _____ Relationship to Child _____

2. Name _____ Phone _____ Relationship to Child _____

3. Name _____ Phone _____ Relationship to Child _____

IV. **Persons NOT authorized to pick up your child due to custodial agreements. Appropriate paperwork and custody papers must be attached.**

1. Name _____ Relationship to child _____

V. **Persons to be called if child is sick and needs to be picked up because parents cannot be reached:**

1. Name _____ Phone _____ Relationship to Child _____



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AUTHORIZATION FOR EMERGENCY MEDICAL CARE 2020-21
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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's Signature _____ Date _____

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

Address _____ City _____ State _____ Zip _____

Parent 1 Name _____ Parent 2 Name _____

Parent 1 Work Address _____

Home Phone _____ Work _____ Cell _____

Parent 2 Work Address _____

Home Phone _____ Work _____ Cell _____

Insurance Company _____

Name of Subscriber _____ Policy Number _____

Child's Physician/Practice _____ Phone _____

Medical History

Known allergies _____

Current Medications _____

Outstanding Medical History (i.e., Diabetes, Asthma, etc.) _____

Last Tetanus Shot _____