St. Luke's Day School - 2023-24 Registration Packet

EMERGENCY CONTACT INFO

Child's name_____/_____/_____
FIRST MIDDLE LAST

Parents will always be our first point of contact in case of an emergency situation. When parents cannot be reached, please provide the names of at least two emergency contacts who are authorized to pick up your child in case of an emergency. Under no circumstances will the 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.

Emergency contact #1:

Name_____ Phone_____ Relationship to child_____

Emergency contact #2:

Name_____ Phone_____ Relationship to child_____

Persons NOT authorized to pick up your child due to custodial agreements. Appropriate custody paperwork must be attached:

Name_____ Relationship to child _____

St. Luke's Day School - 2023-24 Registration Packet

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

St. Luke's Day School – 8009 Fort Hunt Road – Alexandria, VA 22308 – 703-765-6699

If it becomes necessary to transfer your child to a medical facility, this release will be given to Emergency Personnel:

I authorize St. Luke's Day School to obtain medical care for my child 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 judgement may be necessary. I understand that I will be notified immediately if such a situation should arise.

Parent/Guardian Signature _____ Date _____

Child's name _____ / _____ / _____
FIRST MIDDLE LAST

Child's gender _____ Date of Birth _____ / _____ / _____
M / F month day year

_____
Street address City State Zip code

Parent 1	Parent 2:
Name:	Name:
Cell phone:	Cell phone:
Work phone:	Work phone:

Medical history:

Known allergies

_____

Current medications

_____

Outstanding medical history (i.e. diabetes, asthma, etc.)

_____

Date of last tetanus shot

_____

Insurance company _____

Name of subscriber _____ Policy # _____

Child's physician/practice _____ Phone _____