

St. John Lutheran School
EMERGENCY CONTACT INFORMATION

Please complete and return to the school no later than the **first day of school.**

Student(s) Name:	
Student(s) Address:	
Parent(s) Name(s)	
Parents(s) Address: IF DIFFERENT	
Parent Emails:	

List below in order of preference where parents can be reached in case of an emergency:

Contact # 1

Parent Name: _____
Home Phone: _____
Cell Phone: _____
Business Ph: _____
Business Name: _____

Contact # 2

Parent Name: _____
Home Phone: _____
Cell Phone: _____
Business Ph: _____
Business Name: _____

In case of Emergency and neither parent can be reached, please list name and phone number of relative or friend we may contact.

Emergency #1

Emergency Name: _____
Relation to student: _____
Home Phone: _____
Cell Phone: _____

Emergency #2

Emergency Name: _____
Relation to student: _____
Home Phone: _____
Cell Phone: _____

Medical Information

Family Doctor Name: _____
Office Address: _____
Office Phone Number: _____
Any other medical information/comments: _____

In case your doctor cannot be reached, will you permit the school to call a doctor of our choice?

Yes _____ No _____ Hospital Choice _____

Parent Signature: _____ Date: _____

If there are any changes during the school year, please notify the office.