



2010/2011
**ELM GROVE LUTHERAN SCHOOL
 EMERGENCY INFORMATION FORM**

STUDENT NAME _____ Grade: _____ Date of Birth: _____

STUDENT NAME _____ Grade: _____ Date of Birth: _____

STUDENT NAME _____ Grade: _____ Date of Birth: _____

STUDENT NAME _____ Grade: _____ Date of Birth: _____

Address _____

City _____ Zip Code _____ HOME PHONE(____) _____

Family email address _____ check if address cannot be published

Father _____ Email: _____

Employer: _____ Phone: _____ Cell: _____

Mother _____ Email: _____

Employer: _____ Phone: _____ Cell: _____

Church Membership: _____ Church Membership: _____



IN CASE OF EMERGENCY AND PARENT/GUARDIAN CANNOT BE REACHED, THE SCHOOL SHOULD CONTACT:

1. _____ Relationship _____ Phone(____) _____

2. _____ Relationship _____ Phone(____) _____

PLEASE COMPLETE BACK SIDE OF FORM

Family Health Insurance Carrier _____

Insurance Policy Number _____

Doctor _____ Office Phone (____) _____

Dentist _____ Office Phone (____) _____

Please describe any special health concerns:

Please describe any special instructions to be used in the case of an emergency:

I authorize the faculty or staff of EGL to call the above named physician or dentist if an emergency exists.
Yes _____ No _____

I authorize the faculty or staff EGL to call the Elm Grove Rescue Squad for an emergency.
Yes _____ No _____

EARLY SCHOOL DISMISSAL – When the need arises to have an early dismissal, I request the following:

1. Place my child on the bus _____
2. Contact mother _____
3. Contact father _____
4. My child is enrolled at EGL Child Care & my child should go there _____

This form will remain in effect until I revoke said information and/or permission in writing.

Signature of Parent (Guardian) _____ Date _____