



**2008/2009  
ELM GROVE LUTHERAN SCHOOL  
EMERGENCY INFORMATION FORM**

STUDENT NAME \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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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: \_\_\_\_\_

.....

**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 \_\_\_\_\_