

**Unity Lutheran Christian Elementary School**  
**Emergency Information**  
**2025-20265**

*(fill out one for each student)*

Student \_\_\_\_\_ Grade \_\_\_\_\_

Parent \_\_\_\_\_

Address - Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Any special health considerations:

\_\_\_\_\_  
\_\_\_\_\_

If you cannot be reached, please list people who can handle emergencies for you:

Name:

\_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Name of Hospital \_\_\_\_\_ Phone \_\_\_\_\_

In the event I cannot be reached, I authorize Unity Lutheran Christian Elementary School to care for my child as necessary, which may include calling an ambulance or emergency responder. I understand that I am responsible for any fees or charges that may be charged.

Parent Signature: \_\_\_\_\_