

**Unity Lutheran Christian Elementary School  
Emergency Information**

*(One form must be completed for each student)*

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

Parent/Guardian Name \_\_\_\_\_

Address – Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

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

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

Special health considerations: \_\_\_\_\_

If we are unable to reach you, please list the names and contact information of individuals authorized to manage emergencies on your behalf:

1) Name: \_\_\_\_\_

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

2) Name: \_\_\_\_\_

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

3) Name: \_\_\_\_\_

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

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

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

If neither I nor my emergency contacts can be reached, I give permission to **Unity Lutheran Christian Elementary School** to seek emergency medical care for my child, including calling an ambulance or other emergency responders if needed. I understand that any related costs are my responsibility and not that the responsibility of Unity Lutheran Christian Elementary School.

Parent/Guardian Signature: \_\_\_\_\_