

**Immanuel Lutheran School  
Emergency Call Form**

**Student's Name:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Place of Work:** \_\_\_\_\_

**Work Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Place of Work:** \_\_\_\_\_

**Work Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Location:** \_\_\_\_\_

People to contact if we are unable to reach you:

1. \_\_\_\_\_ **Phone #:** \_\_\_\_\_

2. \_\_\_\_\_ **Phone #:** \_\_\_\_\_

People authorized to pick up your child after school:

1. \_\_\_\_\_ **Phone #:** \_\_\_\_\_

2. \_\_\_\_\_ **Phone #:** \_\_\_\_\_

People **NOT** authorized to pick up your child:

\_\_\_\_\_

Does your child have any medical need of which we should be aware in case of an emergency?

Yes/No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

**Medical Treatment Permission:** If you and the above physician cannot be reached in an emergency, and if in the judgment of the school authorities, immediate medical and/or hospital attention is needed, do you authorize responsible authorities to take your child, properly accompanied, to an available hospital or physician?

Yes \_\_\_\_\_ No \_\_\_\_\_ **Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Initial for upcoming school-year:

3PK \_\_\_\_\_ 4PK \_\_\_\_\_ K \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_