



402 S. Ballenger Highway  
Flint, Michigan 48532  
Phone: 810-239-6733  
Fax: 810-239-5466

## EMERGENCY CONTACT INFORMATION 2024-2025

Student's Name \_\_\_\_\_  
Last First M.I. Date of Birth Sex: M/F Grade

Student's Name \_\_\_\_\_  
Last First M.I. Date of Birth Sex: M/F Grade  
(2nd Child)

Student's Name \_\_\_\_\_  
Last First M.I. Date of Birth Sex: M/F Grade  
(3rd Child)

Father/Guardian's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_  
Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Okay to Call? Yes / No  
Email Address: \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_  
Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Okay to Call? Yes / No  
Email Address: \_\_\_\_\_

Marital Status of Parents:  Single  Married  Divorced  Widowed

Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ ZIP Code \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Custodial Parent or Guardian (if applicable) \_\_\_\_\_  
\_\_\_\_\_

**Names of persons to be notified in an emergency when parent is not available. Also, indicate if they may pick up child(ren) after school. Please list relationship to child.**

1. Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Check one or both: \_\_\_\_\_ Emergency Contact \_\_\_\_\_ Pick-up

2. Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Check one or both: \_\_\_\_\_ Emergency Contact \_\_\_\_\_ Pick-up

3. Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Check one or both: \_\_\_\_\_ Emergency Contact \_\_\_\_\_ Pick-up

4. Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Check one or both: \_\_\_\_\_ Emergency Contact \_\_\_\_\_ Pick-up

Name(s) of person(s) to whom child(ren) **MAY NOT** be released (per Court Order on file):

\_\_\_\_\_

**A school parent directory is published each fall. Please check this box if you do NOT want your phone number published.**

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Group # \_\_\_\_\_ Contract # \_\_\_\_\_

Current Continuing Medication(s) \_\_\_\_\_

\_\_\_\_\_

**Any OTC or prescription medications to be administered at school must be accompanied by a form signed by the physician and a parent/guardian.**

**Last Tetanus Shot** \_\_\_\_\_

Child's Name

Date

Child's Name

Date

Child's Name

Date

Any other health information the school should know (allergies, etc.) \_\_\_\_\_

\_\_\_\_\_

**I hereby give my permission to St. Paul Lutheran School to secure emergency medical and/or emergency surgical treatment for the child(ren) named on this form while in the school's care.**

Signature of Parent or Guardian

Date