



LUTHERAN CHURCH OF THE CROSS
SUNBEAMS LUTHERAN SCHOOL

Emergency Release and Information Form

Student's Name: _____ Gender: Female Male

Date of Birth: _____ Allergies: YES NO Immunizations: YES NO

Call First: Mother Father Home Phone: _____

Mother's Name: _____ Cell Phone: _____

Employer: _____ Work Phone: _____ None

Father's Name: _____ Cell Phone: _____

Employer: _____ Work Phone: _____ None

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Special health problems or comments: _____

Alternate Person to notify in case of emergency: (needs to be local) *List in order to be called*

1. Name: _____ Relationship: _____
City live/work in: _____ Call first: Cell Phone Work Phone Home Phone
Cell Phone: _____ Work Phone: _____ Home Phone: _____

2. Name: _____ Relationship: _____
City live/work in: _____ Call first: Cell Phone Work Phone Home Phone
Cell Phone: _____ Work Phone: _____ Home Phone: _____

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Physician's Name: _____ Phone: _____

I authorize school personnel to act according to the instructions I have indicated above. If parents or authorized physician cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send the student (properly accompanied) to the hospital or doctor most easily accessible. It is understood that I will assume full responsibility for payment of any services rendered.

Parent/Guardian Signature Today's Date