

# EMERGENCY NOTIFICATION FORM 2018/2019

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

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

(Please Include City and Zip Code)

Home Phone: \_\_\_\_\_ Cell Phones: \_\_\_\_\_

Best Form of Contact (check one): Phone: \_\_\_\_\_ Text: <sup>MOTHER</sup> \_\_\_\_\_ Email: \_\_\_\_\_ <sup>FATHER</sup> Other: \_\_\_\_\_

## PARENT'S PLACE OF EMPLOYMENT

Father: \_\_\_\_\_ Working Hours: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Working Hours: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## NAME OF LOCAL PEOPLE TO CONTACT IF PARENTS ARE NOT AVAILABLE

*If you are notified by the school of an illness you must pick up your child immediately. We do not have the facilities to accommodate children who are ill. If your child is not picked up immediately, day care charges will be accessed.*

NAME

RELATIONSHIP

PHONE

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**The following people may NOT pick up my child:**

1) \_\_\_\_\_

2) \_\_\_\_\_

# PERMISSION TO LEAVE THE CAMPUS

YES / NO My child has my permission to leave the school campus to return home, rather than attend Daycare.

YES / NO My child has my permission to leave the school campus to attend sporting events.

YES / NO My child may leave the campus, but only with prior notice given to the school office on that particular day, in the form of a note or phone call.

**My child/children may leave the school campus  
under the supervision of KING OF KINGS LUTHERAN SCHOOL,  
such as Spring Fling practice at Elks Lodge.**

## HEALTH & PHYSICIAN INFORMATION

DOES YOUR CHILD HAVE ANY UNUSUAL HEALTH CONDITIONS?  YES  NO

IF YES, PLEASE INDICATE:

Asthma       Bee Sting Allergy       Internal Irregularities       Deafness  
 Kidney/Bladder       Other Allergy (*List*)       Convulsive Seizures       Surgical  
 Arthritis       Sight Impairment       Fractures       Other  
 Diabetes       Mild       Severe       Wears Glasses       Heart

Family Doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

### **EMERGENCY TREATMENT RELEASE**

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their own judgment in calling the physician above, or if not available, to transport the child to a hospital emergency room. Likewise, your signature below is not sufficient for the release of confidential information protected by Federal Law.

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

#### **SPECIAL NOTE:**

**NOTIFY SCHOOL OFFICE IMMEDIATELY AS TO CHANGES OR MODIFICATIONS  
TO ANY OR ALL INFORMATION WRITTEN ON THIS FORM.**