



# REDEEMER LUTHERAN SCHOOL

## HOME OF THE BEARS

### 2023-2024 Emergency Information Card

Student's Name \_\_\_\_\_ School Year \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Mother \_\_\_\_\_

Cell/Father \_\_\_\_\_ Emergency Caretaker \_\_\_\_\_

Email Address \_\_\_\_\_

Check additional ways you would like to be contacted  Email  Text  Other \_\_\_\_\_

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

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Child lives with  Both Parents  Mother  Father  Other \_\_\_\_\_

**Custody Alert (\*Note Documentation Required)** \_\_\_\_\_

**Emergency Caretakers if Parent/Guardian/Caregiver Unavailable**

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone/Cell \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone/Cell \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone/Cell \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone/Cell \_\_\_\_\_

**After School Arrangements (notify school immediately if these arrangements changes)**

Walk  Parent Pick Up  After School  Other \_\_\_\_\_

In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to transport my child by ambulance to \_\_\_\_\_ Hospital. I understand that I am responsible for all expenses incurred.

**Signature of Parent/Guardian/Caregiver** \_\_\_\_\_ **Date** \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES**

**Medical Information**

PHYSICIAN \_\_\_\_\_

Phone \_\_\_\_\_

DENTIST \_\_\_\_\_

Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Group Name/Plan Number \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Phone \_\_\_\_\_

**Health Information**

Health Problems \_\_\_\_\_

Allergies \_\_\_\_\_

List medication (s) taken regularly. Please note, proper physician permission forms must be on file if medication is to be administered during the school day. \_\_\_\_\_

Previous hospitalizations or surgery: \_\_\_\_\_

Please answer the following:

**Circle One:**

1. Serious allergies (medical, food, insect bites) Yes or No

If yes, please describe: \_\_\_\_\_

2. Seizures Yes or No

3. Headaches or migraines Yes or No

4. Serious head injury or loss of consciousness Yes or No

5. Asthma or difficulty breathing with exercise Yes or No

6. Hearing loss (ventilating tubes) Yes or No

7. Speech difficulty / therapy Yes or No

8. Diagnosis of attention deficit disorder Yes or No

9. Wear contacts or glasses Yes or No

If yes, name of vision specialist \_\_\_\_\_

10. Any dental problems Yes or No

If yes, name of dental specialist \_\_\_\_\_

11. Does the student have emotional or behavioral problems? Yes or No

Briefly describe \_\_\_\_\_

Name of counselor \_\_\_\_\_

12. Does the student have any other condition, disability, or challenge that may impact academic performance or require special equipment, therapy, or assistance? Yes or No

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

**Parent signature – Declaration of intent**

Thank you for your partnership. Your signature below indicates your binding financial obligation for the 2023-2024 school year and represents a commitment to enroll the student listed above in Redeemer Lutheran School. To the best of my knowledge, the information given on this form and accompanying attachments is true and accurate.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date