



REDEEMER LUTHERAN SCHOOL

6970 Mineola Rd • Englewood FL 34224
Phone 941-473-7998 • FAX 941-475-9726

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 2024-2025 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