

**Summer 2019 EMERGENCY INFORMATION CARD**

\_\_\_\_\_  
(Last Name, First Name)      **DOB:** \_\_\_\_/\_\_\_\_/20      **Teachers:** \_\_\_\_\_      **Room #:** \_\_\_\_\_  
(MM/DD/YYYY)

**Primary #:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_      **Address:** \_\_\_\_\_      **Gen:** M / F

**1<sup>st</sup> Email:** \_\_\_\_\_      **2<sup>nd</sup> E-mail:** \_\_\_\_\_

**Parent 1:** \_\_\_\_\_      **Cell #:** \_\_\_\_\_      **Home #:** \_\_\_\_\_

Address same? Yes \_\_\_\_ No \_\_\_\_      **Work #:** \_\_\_\_\_      **Pager #:** \_\_\_\_\_

\_\_\_\_\_  
**Employer:** \_\_\_\_\_

\_\_\_\_\_  
**Position:** \_\_\_\_\_

**Parent 2:** \_\_\_\_\_      **Cell #:** \_\_\_\_\_      **Home #:** \_\_\_\_\_

Address same? Yes \_\_\_\_ No \_\_\_\_      **Work #:** \_\_\_\_\_      **Pager #:** \_\_\_\_\_

\_\_\_\_\_  
**Employer:** \_\_\_\_\_

\_\_\_\_\_  
**Position:** \_\_\_\_\_

**Local Emergency Contact (other than parent):** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_      **Cell #:** \_\_\_\_\_      **Home #:** \_\_\_\_\_

**Address:** \_\_\_\_\_      **Work #:** \_\_\_\_\_      **Pager #:** \_\_\_\_\_

\_\_\_\_\_

**- PLEASE COMPLETE OTHER SIDE -**

Office use only:	Class Code:	Luke's Place:	Church Mbr: Y / N
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\_\_\_\_\_

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**Pediatrician:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Sibling(s)**

**Age**

**School**

\_\_\_\_\_  
\_\_\_\_\_

**Special Notes:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

**Pediatrician:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Sibling(s)**

**Age**

**School**

\_\_\_\_\_  
\_\_\_\_\_

**Special Notes:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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