

Summer 2025 EMERGENCY INFORMATION CARD

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

Primary #: (____) ____ - ____ **Address:** _____ **Gen:** M / F

1st Email: _____ **2nd 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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(Last Name, First Name) **DOB:** ____/____/20____
(MM/DD/YYYY) **Teachers:** _____ **Room #:** _____

Primary #: (____) ____ - ____ **Address:** _____ **Gen:** M / F

1st Email: _____ **2nd 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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Pediatrician: _____ **Phone #:** _____

Allergies: _____

Sibling(s)	Age	School
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Special Notes: _____

Parent Signature: _____ **Date:** _____

Pediatrician: _____ **Phone #:** _____

Allergies: _____

Sibling(s)	Age	School
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Special Notes: _____

Parent Signature: _____ **Date:** _____