

The Lutheran School Association

2009-2010

In order to help keep our permanent records current please fill out the following information. We also need up to date information on your child to provide them with utmost safety in an emergency situation.

Name of student

Home phone number

Father's name

Cellular phone number

Mother's name

Cellular phone number

Mailing address

Physical address

City/Zip Code

E-Mail address

Father's place of employment

Father's work number

Mother's place of employment

Mother's work number

Who should be contacted first if your child becomes ill or needs assistance? _____

If an emergency does occur which doctor and hospital do you prefer?

Doctor's name

Phone number

Hospital

In case of an emergency and parents cannot be reached please contact:

Name

Relationship

Phone number

Name

Relationship

Phone number

Name

Relationship

Phone number

Please list any health problems or considerations your child has:
