EMERGENCY CARD

Christ Lutheran

LAST NAME: _____ **FIRST NAME:** _____

ADDRESS: _____

Street **City** **State** **Zip**

Child Lives With:				
	Name			
	Relationship			
	Employed by			
	Employment Address			
	City - Zip			
	Position/Title			
	Work Phone #			
	Cell Phone/			

Health Care Info:	**Professional**	**Doctor**	**Dentist**	**Hospital/Clinic**
	Name			
	Street Address			
	City – Zip			
	Phone Number			

In case of emergency or alternate pick-up, child may be released to:

Name			
Relationship			
Daytime Address			
City - Zip			
Phone #			

Please note any special medical problems below.

_____

_____

_____

In the event that I cannot be reached, I grant permission for a school representative to transport my child to South Fulton Hospital or our family doctor and do authorize emergency treatment, I will assume full responsibility for all charges related to the above.

All information on this card needs to be kept current so that either a designee of my choice or I can be reached. I also acknowledge the fact that it is my responsibility to inform the office of Christ Lutheran when there are any changes that need to be made on this form with regard to additions, deletions, or changes to names and numbers that have been entered on this card. I understand that if the information on this card is not kept current, it can cause a delay in getting care for my child.

_____

Signature Parent/Guardian **Date**

Signature Parent/Guardian **Date**