

LUTHERAN HIGH SCHOOL NORTHWEST
STUDENT CONTACT & EMERGENCY INFORMATION FORM
2018-2019 SCHOOL YEAR

STUDENT'S NAME: _____
Last First Middle

Birthdate: _____ **Age:** _____ **Grade:** _____

Home Address: _____

Primary/Preferred Phone: _____

Church Membership: _____

Father's Name: _____

Address (if different): _____

Primary Phone: () _____ **Other Phone:** () _____

E-mail: _____

Mother's Name: _____

Address (if different): _____

Primary Phone: () _____ **Other Phone:** () _____

E-mail: _____

Student Lives With: _____ both parents _____ father only _____ mother only
_____ parent/step parent _____ guardian(s)

In the event of injury or illness, the 1st Contact will be called; if the 1st Contact cannot be reached, the 2nd Contact will be called. If neither can be reached, the Emergency Contact will be called. Please provide contact information for a responsible person to be your Emergency Contact.

1st Contact:
Name (Mother/ Father/Other) _____

Primary Phone: () _____ **Other Phone:** () _____

2nd Contact:
Name (Mother/Father/Other) _____

Primary Phone: () _____ **Other Phone:** () _____

Emergency Contact:
Name: _____ **Relationship:** _____

Primary Phone: () _____ **Other Phone:** () _____

Student's Doctor: _____ Office Phone: () _____

Hospital Name (preferred): _____

My Son/Daughter is covered by our insurance with:

Insurance Company: _____

Policy Number: _____ Group Number: _____

Do you give Lutheran Northwest personnel permission to administer aspirin-free pain reliever, e.g. ibuprofen, acetaminophen? Yes _____ No _____

If Yes, please circle quantity: 1 or 2 tablets – not to exceed two doses daily

Please list any medications taken regularly. If medications are taken during the school day, they must be kept in the school office along a medication form, signed by a health care professional.

Are there any special conditions of health, which the school should be informed of in case of an emergency (physical problems, allergies, etc.)? _____

Please list any persons to whom your child may be released during the school day if you are not able to pick them up (e.g. grandparent, older sibling, family friend):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I hereby give Lutheran High School Northwest, expressly the principal, and/or teacher/coach, permission to use their judgment in case of extreme emergency when no parent or other member of the immediate family of my child can be located. They may give the hospital permission to do whatever is necessary with regards to medical or surgical treatment.

SIGNATURE OF PARENT/GUARDIAN

DATE