

ST. JOHN LUTHERAN SCHOOL

EMERGENCY FORM

Child's Name: _____ Grade: _____

Home Phone: _____

Father's Name: _____

Business Phone: _____

Cell Phone: _____

Mother's Name: _____

Business Phone: _____

Cell Phone: _____

In case of an emergency and we cannot contact you, whom can we contact?

(If you wish to give more names, please use the back side of this sheet.)

1. Name: _____

Phone: _____

Relationship to child: _____

2. Name: _____

Phone: _____

Relationship to child: _____

We would also like the name and phone number of your child's doctor.

Doctor's Name: _____ Phone: _____