

**ST. JOHN LUTHERAN SCHOOL
EMERGENCY FORM
2016-2017**

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: _____