



Vital Information & Emergency Form
School year 20 ____

Student's Full Name: _____

Teacher's Name: _____

Doctor's Name: _____ Number: _____

Dentist's Name: _____ Number: _____

Health Care Facility Preference: _____

Student's date of birth: _____

Father:	Mother:
Address:	Address:
Occupation:	Occupation:
Employer:	Employer:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Home Phone:	Home Phone:
Email:	Email:

The student resides with: _____ Both parents _____ Mom _____ Dad _____ Other

School correspondence should be sent to: _____

List the following information regarding siblings:

Names of siblings	Ages
_____	_____
_____	_____
_____	_____
_____	_____

If parents are divorced please provide us with information in the space below regarding student pick-up. Court documentation must be provided in order to carry out desired pick-up procedures:

Please list information on two people other than yourself in the event that parental notification has failed in an emergency:

Name: _____ Number: _____
Name: _____ Number: _____

List all persons permitted to pick up your child from Epiphany Lutheran Preschool. Please inform all parties that they must present a photo ID:

Name: _____ Number: _____
Name: _____ Number: _____
Name: _____ Number: _____
Name: _____ Number: _____

Please list all medical conditions for which we should be aware:

I give Epiphany Lutheran Preschool and all it's employees permission to authorize emergency treatment for my child if I am unavailable.

Parent's Signature

Date