



ST. LUKE'S DAY SCHOOL
8009 FORT HUNT ROAD ALEXANDRIA, VIRGINIA 22308
703-765-6699

EMERGENCY INFORMATION FORM 2009-2010
FILL OUT COMPLETELY - PLEASE PRINT

I. Child's Name _____ / _____ "Nickname" _____ Birth Date ____/____/____
First Last

Father's Name _____ Mother's Name _____
First Last First Last

Home Address _____

City _____ State _____ Zip Code _____

Mother - Home Phone _____ Work _____ Cell Phone _____

Father - Home Phone _____ Work _____ Cell Phone _____

II. Primary Emergency contact _____ Cell Phone _____

Can you receive text messages? ___yes ___no

Primary Emergency Contact Email _____

III. Persons Authorized to pick up your child:

(Under no circumstances will child be released to anyone not on the following lists without written authorization from the parents.)

Please Print

1. Name _____ Phone _____

Relationship to Child _____

2. Name _____ Phone _____

Relationship to Child _____

3. Name _____ Phone _____

Relationship to Child _____

IV. Persons not authorized to pick up your child (if due to custodial agreements, appropriate paperwork such as custody papers must be attached).

1. Name _____

Relationship to child _____

V. Persons to be called if child is sick and needs to be picked up because parents cannot be reached:

1. Name _____ Phone _____ Cell Phone _____

Relationship to Child _____



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AUTHORIZATION FOR EMERGENCY MEDICAL CARE 2009-2010

(If necessary to transfer child to a medical facility this release will be given to Emergency Room Personnel.) I authorize St. Luke's Day School to obtain medical care by calling 911 in any situation that requires immediate medical attention. I also authorize physicians in the Emergency Room to render medical treatment, which in their judgment may be necessary. I understand that I will be notified immediately if such a situation should arise.

Date _____ Parent's Signature _____

PLEASE PRINT

Child's Name _____ / _____ / _____ Birth Date ____/____/____
First Last Nickname

Address _____

City/State/Zip Code _____

Father's Name _____ Mother's Name _____

Mother's Employment Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Father's Employment Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Medical Treatment Costs are covered by:

Name of Insurance Company _____

Name of Subscriber _____ Policy Number _____

Child's Physician _____ Phone _____

Medical History:

Allergies _____

Medicine Child is currently taking _____

Last Tetanus Shot _____

Outstanding Medical History (ex. Diabetes, Asthma, Heart Disease, etc. _____
