



# 2016-17 EMERGENCY INFORMATION FORM

Zion Lutheran School  
1810 McClintock Ave.  
Belleville, IL 62221-6460  
(618) 234-0275 - Fax: (618) 233-2972  
zionschoolbelleville.org

Name (First, M. I., Last) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone Number (include area code) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone Number (include area code) \_\_\_\_\_

Religion \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Special health conditions/allergies of child, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any medications your child is taking at present: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ You have my permission to administer:  Tylenol  Ibuprofen for headaches or aches/pains (check boxes)

Name two (2) responsible adults who will assume responsibility for the child if parents cannot be reached:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Physician of choice: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist of choice: \_\_\_\_\_

Phone: \_\_\_\_\_

Hospital of choice: \_\_\_\_\_

Phone: \_\_\_\_\_

If you and the physician of choice as indicated on this form cannot be reached in an emergency and, if in the judgement of the school authorities immediate medical and/or hospital attention is indicated, do you authorize school authorities to send your child to an available hospital or physician? Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_