

**STUDENT INFORMATION AND MEDICAL TREATMENT PERMISSION
EMMAUS LUTHERAN SCHOOL**

3841 W. Sweetwater Ave. ~ Phoenix, AZ 85029 ~ Phone: 602-843-3853 ~ Fax: 602-942-0223

Student Information

Last Name _____ First Name _____ Date of Birth _____
Home Address _____ City _____ Zip Code _____

Emergency Contact Information

Mother or Guardian _____
Home Address _____ City _____ Zip Code _____
Home Phone _____ Cell Phone _____ Email _____
Where Mother Works _____ Phone _____ Hours _____

Father or Guardian _____
Home Address _____ City _____ Zip Code _____
Home Phone _____ Cell Phone _____ Email _____
Where Father Works _____ Phone _____ Hours _____

Additional Persons Who May Take Student From Facility:

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Church Home

Name _____ Pastor _____ Phone _____
Address _____ City _____ Zip Code _____

Medical Information

Doctor's Name _____ Phone Number _____
Dentist's Name _____ Phone Number _____
My child has the following **allergies** or **special needs**: _____

In case of a serious accident or illness while at school, the school principal will send your child to _____ hospital, if, in his opinion, emergency medical care is required. The legal responsibility for ambulance conveyance expenses and for medical expenses incurred on behalf of your child is a parental one.

Signature of Parent/Guardian _____ **Date** _____