

**Emmanuel Lutheran School  
Returning Student  
Emergency Information and Student Release Authorization  
School Year 20\_\_ - 20\_\_**

Student Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male / Female

**Parent/Guardian Information**

Mother: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Work #: \_\_\_\_\_ Company: \_\_\_\_\_

Father: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Work #: \_\_\_\_\_ Company: \_\_\_\_\_

Name and ages of siblings: \_\_\_\_\_

**People To Be Contacted When Parent/Guardian Can Not Be Reached  
And Authorized Pick Up/Visitor List**

The School Board has approved for immediate implementation a change to our authorized emergency contact, pick-up and visitor policy. Effective November 1, 2010 those persons not on the approved list will be unable to have any contact with your child. Please list (in order of preference) those people who should be called in an emergency or for early pick-up due to illness or weather closings. Your child will only be released to you or the people on this list. The people on the list will be asked for photo identification before the school will release your child to them.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Under no circumstances can student leave with: \_\_\_\_\_

Has any information changed since you last completed an ELS registration form?

For three-year old program, is your child potty trained? Yes No

Does your child have any medical conditions the staff should know about (febrile seizures, food allergies, asthma, etc.)? If so, please explain in detail.

Is your child currently taking any medication on a regular basis? If so, please write down the name of the medication and the reason it is given.

Name of child's physician and the phone number:

Please list any particular fears your child may have (thunderstorms, bugs, etc.).

Is there any other information you feel the staff of Emmanuel should have to make your child's school experience a positive one?

#### Medical Release

**In the event of any emergency situation (sickness or accident) involving my child at a time and/or place that is impractical to contact me, or for me to be present, I authorize the School to temporarily act *in loco parentis* (in place of the parent) to provide whatever care, assistance, management, or services my child may require. I agree to pay for any and all expenses incurred in providing for such needs of my child. In case of any emergency in the event that I cannot be contacted, permission is hereby granted for my child's records to be released and necessary medical treatment to be administered.**

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

Emmanuel Lutheran School does not discriminate on the basis of age, sex, handicaps, religion, race, color or national origin in employment, educational programs or activities.