

Child's Name (Last)

(First)

EMERGENCY HOME CONTACT CARD

WISCONSIN SYNOD ELEMENTARY SCHOOLS

Dear parent or Legal Guardian:

The wellbeing of your child is considered very important by our school. Frequently when children become seriously ill or injured we find it difficult to locate the parents, legal guardians or the family physician (in case you cannot be reached) for immediate actions. In order to make our health and safety programs more effective, we request your cooperation in filling out this report.

Child's Name _____ Date of Birth _____

Child's Home Address _____ Home Phone No. _____

Name of Father or Legal Guardian _____

Place Where Father or
Legal Guardian Works _____ Work Phone No. _____

Cell Phone No. _____

Name of Mother _____

Place Where Mother Works _____ Work Phone No. _____

Cell Phone No. _____

Family Physician _____ Telephone No. _____

Family Email Address _____ Family Cell Phone: _____

Whom shall we notify in case we are unable to reach either mother, father, legal guardian or family physician?

(Name)

(Address)

(Home Phone)

(Cell Phone)

RELATIONSHIP OF ABOVE NAMED PERSON TO CHILD _____

In case of serious accident or illness 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.

Please list any special requests you wish to make to help us aid your child in case of an emergency.

Date _____ Signed _____

(Parent or Legal Guardian)

Please notify the school whenever any of the above information changes.