



EMERGENCY CONTACT AND STUDENT RELEASE FORM

St. Paul's Lutheran School

1780 CAREER CENTER ROAD, BOURBONNAIS, IL 60914

Laurene E. Hofman, Principal | School Office: 815-932-0312 | Website: www.stpaulstigers.net

Students Name: _____ Grade: _____ Gender: _____ Date of Birth: _____

Home Street Address: _____ City: _____ State: _____

Zip Code: _____ Home Phone: _____ Email Address: _____

Please list any known allergies, medications or health problems that St. Paul's school should be aware of:

Physicians Name and Phone #: _____

Dentists Name and Phone #: _____

EMERGENCY CONTACT INFORMATION

If your child becomes ill and we need to contact an adult, please list in order of contact preference including parents.
 [Any Additional Names May Be Listed On A Separate Sheet of Paper.]

| | Name and Relationship | Home Phone | Cell Phone | Work Phone |
|---|-----------------------|------------|------------|------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

The above listed names are authorized to pick up my child from St. Paul's Lutheran School and Extended Daycare. **Please inform authorized adults that a teacher may ask for identification. If someone other than an authorized adult tries to pick up your child without your written consent we will hold your child until one parent can be contacted.**

If immediate and/or hospital attention is indicated, do you authorize the responsible school authorities to send your child to a hospital emergency room?

| YES | NO | HOSPITAL PREFERENCE |
|-----|----|---------------------|
| | | |

Parents Signature: _____ Date: _____

Are You A Member of St. Paul's Lutheran Church?: _____ If No, Do You Attend Elsewhere?: _____