

Dallas Lutheran School
EMERGENCY INFORMATION FORM
2008 - 2009 School Year



Student's Name: _____ Grade: _____

Address: _____

City & Zip Code: _____ Parent's Home Phone: _____

TO PARENTS: In order to help your child in case of an accident or illness, it is necessary that we know your preference for us to handle calls. **PLEASE NUMBER THE SPACES AT THE LEFT IN THE ORDER YOU PREFER THE CALLS TO BE MADE.** *During school hours, students will be released only to adults listed.*

() Mom's Name: _____ Day Phone: _____

Cell Phone: _____ Beeper: _____

E-Mail: _____

() Dad's Name: _____ Day Phone: _____

Cell Phone: _____ Beeper: _____

E-Mail: _____

() Relative or Friend: _____ Day Phone: _____

() Physician: _____ Phone: _____

() Hospital: _____ Phone: _____

() If none of the above is satisfactory, please indicate what you prefer us to do. _____

My child () has permission/ () does not have permission to take Tylenol as needed (500mg).

My child () has permission/ () does not have permission to take Advil as needed (200mg).

My child () has permission/ () does not have permission to take cough drops as needed.

I () give permission/() do not give permission for my child's name and/or picture to be in the news or advertising media.

WEB SITE: I () give permission/ () do not give permission for my child's picture to be on Dallas Lutheran's web site.

T-Shirt Size (*Please circle one.*): Youth L (14-16) Adult Sizes: S M L XL XXL Other _____

Date: _____

Signature of Parent or Guardian: _____