

Zion Lutheran School
Emergency Action Form

Dear Parent:

Please complete this form and return to the school office. It will help us give immediate aid to your child in case of sudden illness or injury at school

Name of child _____ Grade _____

Name of Parent _____ Home Phone _____

Address _____

Father's Place of Employment:

_____ Phone _____ Cell Phone _____

Mother's Place of Employment:

_____ Phone _____ Cell Phone _____

Two relatives or friends to be called in case of emergency:

1. Name _____ Home Phone _____

Address _____ Work Phone _____ Cell Phone _____

2. Name _____ Home Phone _____

Address _____ Work Phone _____ Cell Phone _____

Family Physician _____ Phone _____

In case my child becomes ill or is injured at school and needs emergency medical care and I cannot be reached, please call the emergency medical system. I agree to assume all responsibility and expense incurred by the handling of this emergency care.

Both Parents' Signatures are Required

(Parent's Signature)

(Parent's Signature)