



1780 Career Center Road Bourbonnais, IL 60914

Phone 815.932.0312 Fax 815.932.7588 www.stpaulslutheran.net

**EMERGENCY CONTACT AND STUDENT RELEASE FORM**

Family Name: \_\_\_\_\_  
 (Last Name, list all if more than one)

Student Name(s), Grade(s), Gender(s): \_\_\_\_\_

Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 ~Divorced or separated parents~  
 must provide the necessary court documentation.

\*Home Phone: \_\_\_\_\_  
 \*Dad Cell: \_\_\_\_\_  
 \*Mom Cell: \_\_\_\_\_

\*Please number  
 your order of  
 preference for  
 calling

<b>Father's Information:</b> Name: _____ Place of Employment: _____ Phone: _____ Ext: _____ Email: _____	<b>Mother's Information:</b> Name: _____ Place of Employment: _____ Phone: _____ Ext: _____ Email: _____
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The names listed below are authorized (by your signature below) to assume responsibility for the child(ren) listed above. They are also granted permission to pick up your child(ren) from St. Paul's Lutheran School and Extended Care. Authorized adults may be asked for identification. If someone other than an authorized adult tries to pick up your child(ren) without your written consent, we will hold your child(ren) until one parent can be contacted.

	Name	Relationship	Cell Phone	Home Phone
1				
2				
3				
4				

STUDENT List Individually	Grade	Allergies/Special Health Conditions	Please List All That Apply
Physician Name & Phone:		Hospital Preference:	
By signing this document, you are authorizing St. Paul's Lutheran School to send your child(ren) (via emergency vehicle) to an available hospital or physician in the case of an emergency that requires immediate medical and/or hospital attention,			

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Are you a member of St. Paul's Lutheran Church? \_\_\_\_\_

If no, do you attend elsewhere (please provide name of church)? \_\_\_\_\_

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