

# Emergency Contact Information

Christ Lutheran Church and School

7701 Candelaria NE Albuquerque, NM 87110 \* Phone: 505-884-3876 \* Fax: 505-888-0655

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

With whom does the child reside? \_\_\_\_\_

## Emergency and Pick Up Contacts

(Please list at least three (3) emergency contacts other than Mother and Father.)

I authorize CLCS to release my child to the following person only.

	Name	Relationship	Home #	Cell #
Emergency Contact 1				
Emergency Contact 2				
Emergency Contact 3				
Emergency Contact 4				
Emergency Contact 5				
Emergency Contact 6				

## Medical Information

Physician Name: \_\_\_\_\_ Physician Phone #: \_\_\_\_\_

An up-to-date record of your child's immunizations must be provided prior to them starting school.

ALLERGIES	Special Notations
	My child is allergic to the following (drugs, food, insect bites, etc. If none please write NONE.)

If my child becomes ill or has an accident and I cannot be reached, I request that the physician listed be called to render first aid and or emergency treatment. I will pay for physician's fees and any emergency care provided. If necessary, I authorize emergency treatment by any licensed physician or hospital.

Please Circle Permission Choice:      YES                      NO

Hospital Preference: \_\_\_\_\_ Address: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_