

**Martin Luther Evangelical Lutheran School
Emergency Contact Information**

Parents' Names*		Home Address*	
Phone *	e-mail*		

**Required information*

Student Information

Name	D.O.B.	Grade

Emergency Contact Information

Name <i>If my child becomes ill or is injured during the school day, Martin Luther staff will contact the person listed below as contact #1. If contact #1 is not reached, contact #2 will be called. If contact #2 is not reached, contact #3 will be called.</i>	Phone number	Relationship and Location
Contact #1	#1	
	#2	
	#3	
Contact #2	#1	
	#2	
	#3	
Contact #3	#1	
	#2	
	#3	

Hospital of choice* _____ Special Instructions/Comments _____

I give my permission for this/these student/s to be photographed during regular school activities and understand that the photos may be used for Martin Luther Church & School publications and/or publicity.

Parent/Guardian signature _____ Date _____