Student Contact Information

(Student's photo)

Student's full name:

Date of birth:

Address:

Allergies (if any):

Student lives with:

Parents / Guardians Contact Information

Parent/Guardian #1:

Phone n°

Email Address:

Relation to student:

Parent/Guardian #2:

Phone n°

Email Address:

Relation to student:

Parent/Guardian #3:

Phone n°

Email Address:

Relation to student:

IIN CASE OF ILLNESS OR EMERGENCY, CALL _____ FIRST. I listed below are persons to be called if parents cannot be reached. All persons must be local, have a telephone, and be willing to provide transportation and care for your child.

Extra Contact:

Phone n°

Consent for Medical Treatment: As the parent or legal guardian, I give consent to Loving Savior School, in case of an emergency, to contact medical personnel (911) for my child _____. This care will be given under whatever conditions are necessary to preserve life or well being of my dependent.

Parent/Guardian Signature: _____ Date: _____