# FAMILY RECORD CARD - SCHOOL YEAR 2012 TO 2013

| PARENT INFORMATION | | | | | |
|---|---|---|---|---|---|
| | Last Name | First Name | Address (Street and Zip Code) | | |
| Father | | | | | |
| Mother | | | | | |

| | Employer | Hours (i.e. 9-5) | Home Phone | Pager or Cellular | Work Phone |
|---|---|---|---|---|---|
| Father | | | | | |
| Mother | | | | | |

| | E-Mail Address | | | E-Mail Address |
|---|---|---|---|---|
| Father | | | Mother | |

In case of illness, or accident to the student, the school is authorized to proceed as indicated below:

| **(name of the person in the order of desired action)** | | | **Please list phone numbers for "Other" contacts.** |
|---|---|---|---|
| 1st | | 3rd | Other local contact: |
| 2nd | | 4th | Other local contact: |
| | | 5th | Other local contact: |

**In a medical emergency, I hereby authorize Immanuel Lutheran School to seek emergency medical assistance for our child/children if we cannot be reached.** Signature: Date:

| Hospital to be used if necessary: | | |
|---|---|---|
| Doctor: | City: | Ph # |
| Dentist: | City: | Ph # |

| STUDENT INFORMATION | | | | | |
|---|---|---|---|---|---|
| | Last Name | First Name | Nickname | Grade | Date of Birth |
| Student: | | | | | |
| Student: | | | | | |
| Student: | | | | | |
| Student: | | | | | |

Does student have: 1 - Speech difficulty 2 - Hearing difficulty 3 - Vision difficulty 4 - Physical Handicap 5 - Allergies 6 - Asthma 7 - ADHD 8 - ADD (Please list numbers & explain)

| | | |
|---|---|---|
| Student: | | Explain: |
| Student: | | Explain: |
| Student: | | Explain: |
| Student: | | Explain: |

Is student on medication? List name(s) of student(s) and medications

Name & phone numbers of people who have PERMISSION to pick up your child/children

Other children living at home

| Name | Birthdate | Name | Birthdate |
|---|---|---|---|
| | | | |
| | | | |