STUDENT RELEASE & EMERGENCY CARD

Reformation Lutheran Church & School * 4670 Mt. Abernathy Ave. San Diego, CA 92117

STUDENT'S FULL LEGAL NAME _____ Grade _____

___ **CHECK HERE IF NEW ADDRESS**

Home address _____ Birth date _____

_____ Home Ph # _____

1) LEGAL CUSTODY ___Married (Joint) ___Father ___Mother ___Guardian

Father/Guardian _____ Mother/Guardian _____

Address _____ Address _____

_____ _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Father's Email:

Mother's Email:

2) PERSONS AUTHORIZED TO ACT IN PLACE OF PARENT OR GUARDIAN IN AN EMERGENCY:

Name _____ Phone _____

Name _____ Phone _____

911 will be called in a medical emergency at the discretion of school personnel.

3) PERSONS OTHER THAN 1 & 2 ABOVE AUTHORIZED TO REMOVE STUDENT FROM CAMPUS:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

4) STUDENT IS ALLOWED TO WALK, RIDE BUS OR BICYCLE HOME? ___Yes ___No

5) ANY KNOWN ALLERGIES OR ASTHMA _____

6) FAMILY PHYSICIAN / PEDIATRICIAN _____

Location _____ Phone Number _____

Insurance Carrier and ID Number _____

Parent/Guardian Signature_____ Date_____