Our Savior Lutheran School 13667 West Highland Road, Hartland, MI 48353 PH: 248-887-3836 / Fax: 248-887-3596

# **Emergency Card Information**

Student:

Grade:

Allergies/Medical Alerts:

### Parent/Guardian 1:

Address: Home Phone: Cell Phone: Work Phone:

### Parent/Guardian 2:

Address: Home Phone: Cell Phone: Work Phone:

## Authorized Persons to Pickup Besides Parent or Guardian:

## **Emergency Person(s) to Pickup if Parents are not Available:**

Physician: Hospital: Dentist:

In the case of an accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician/dentist/orthodontist listed above. If it is impossible to contact the medical professional, I authorize the school to make whatever arrangements seem necessary on behalf of my child.

Signature:

Date: