



# Mt. Calvary-Grace Lutheran School

## Emergency Information Form

Family Last Name:

Child #1 Name \_\_\_\_\_  
(First) (Middle) (Last)

Child #2 Name \_\_\_\_\_

Child #3 Name \_\_\_\_\_

Child #4 Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Phone Number \_\_\_\_\_ Child(ren) Lives with \_\_\_\_\_

Father's Name \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(If different than child's address)

Father's Home Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Father's Employer \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Extension \_\_\_\_\_

Mother's Name \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(If different than child's address)

Mother's Home Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Extension \_\_\_\_\_

*In case of emergency, and parents cannot be contacted, then contact:*

Emergency Contact #1 \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_