



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 _____