



St. Luke Catholic School

www.stlukecs.com

2019-2020 Student Emergency and Transportation Card

Applications must be filled out completely to complete the registration process.

An Emergency Information form must be filled out for EACH child. Please PRINT clearly.

STUDENT INFORMATION

Last Name: _____ First: _____ Middle: _____ DOB: _____ Grade: _____
Street Address: _____ City: _____ Zip: _____ Teacher: _____
Home Phone Number: _____

PARENTAL/GUARDIAN INFORMATION

Mother's Name: _____ Place of Employment: _____
Work#: _____ Cell #: _____ Other #: _____
Father's Name: _____ Place of Employment: _____
Work#: _____ Cell #: _____ Other #: _____

EMERGENCY CONTACTS:

Name: _____ Relationship: _____ Phone # _____
Name: _____ Relationship: _____ Phone # _____
Name: _____ Relationship: _____ Phone # _____

List names of persons and relationship to your child who are designated to pick up your child or children:

Name: _____ Relationship: _____ Phone # _____
Name: _____ Relationship: _____ Phone # _____
Name: _____ Relationship: _____ Phone # _____
Name: _____ Relationship: _____ Phone # _____
Name: _____ Relationship: _____ Phone # _____
Name: _____ Relationship: _____ Phone # _____

My child(ren) is/are part of a multi-family carpool. Names of drivers are indicated above.

HEALTH INFORMATION:

List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or any chronic conditions.

Lista de las condiciones de salud, como enfermedades cardíacas, diabetes, epilepsia, alergias graves, problemas de vista o el oído, o cualquier condiciones crónicas.

CONSENT TO TREAT

I, the undersigned, do hereby authorize the officials of St. Luke Catholic School to contact directly the persons named on this card, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the aforesaid child. I will not hold St. Luke Catholic School financially responsible for the emergency care and/or transportation for said child.

Yo, autorizo al personal de St. Luke Catholic School a ponerse en contacto con las personas nombradas en esta tarjeta y autorizo al mencionado medico prestar el tratamiento necesario en caso de emergencia al mencionado niño/a. Si las mencionadas personas, médicos, o padre de familia nombradas en este documento no pueden ser contactados, el personal de la escuela está autorizado para tomar cualquier decisión que se considere necesaria, en juicio para el bienestar del niño/a. Absuelvo a la escuela, y el personal, de los cargo financieros que cause el transporte y tratamiento médico de emergencia brindados al niño/a.

Parent Signature

Date

Physician: _____

Physician Phone#: _____

Local Hospital: _____