

2012-2013

Northwest Lutheran School Enrollment Form & Emergency Information

Student Name _____ Birth date _____ Grade _____ Sex: M F Baptized Yes/ No _____ Race _____
Last First M circle circle

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Student Name _____ Birth date _____ Grade _____ Sex: M F Baptized Yes/ No _____ Race _____
Last First M circle circle

(circle)Mother/Stepmother/Guardian (print) _____ Home Phone _____
Last First

Address _____ Zip _____ Cell Phone _____

Employer _____ Work Phone _____ E-mail _____

(circle)Father/Stepfather/Guardian (print) _____ Home Phone _____
Last First

Address _____ Zip _____ Cell Phone _____

Employer _____ Work Phone _____ E-mail _____

Student Lives with (v): Mother _____ Father _____ Both _____ Other _____ (Specify Relationship) _____

List persons not allowed to see student in school or not allowed to pick up students per legal restrictions and please provide copies of legal documentation _____

Emergency Information

The well being of your child is very important. Frequently, when children become ill or injured, we find it difficult to locate the parents/guardians. The following information about your child will help us in the event of an emergency. **Please keep this information current.**

Please list 2 relatives or close friends who can be contacted if parent/guardian cannot be reached

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Day Care Provider _____ Phone _____

Continued

Physicians Name/Clinic _____ Phone _____

Do you authorize the office to administer pain reliever (acetaminophen) without further contact, as needed for your child: Yes _____ No _____

Does your child take prescription medication: Yes _____ No _____ **If yes, please complete extra form available in the office**

Additional Health Information List children who have:

Allergies _____

Reactions to Penicillin _____

Heart Condition _____

Reactions to Foods _____

Fainting _____

Reactions to other drugs _____

Reactions to Bee Sting _____

Are there any conditions that would prevent your child(ren) from participating in any activities?

Please list child and conditions _____

Church Membership (Name) _____ Denomination _____

List previous school(s) attended:

School Name _____ City _____ State _____

School Name _____ City _____ State _____

Photos will be taken of your child during various activities to be used in the yearbook and our website. NO NAMES will be published on the website of the children.

I hereby give my consent for the school to have and use the above information about my child to help my child in the event of an emergency and to share with school officials. This consent shall remain in force until revoked by me with written notice to the school administrator.

In the case that my child should require emergency care, I authorize the school Administrator(s) to contact the City of Milwaukee Fire Dept. Emergency Medical Service at 911. Should the Fire Dept. or assigned ambulance service transport my child to a hospital, I will assume complete financial responsibility for all costs & medical expenses incurred on behalf of my child.

Parent/Guardian Signature _____ Date _____