

**LONG ISLAND LUTHERAN MIDDLE & HIGH SCHOOL
EMERGENCY INFORMATION AUTHORIZATION**

THIS INFORMATION MUST BE ON FILE FOR EACH STUDENT

DATE: _____

Student's Name

Last First

Date of Birth _____

Father's Name _____ Phone _____

Home Address _____

Place of Employment _____ Phone _____

Address _____

Mother's Name _____ Phone _____

Home Address _____

Place of Employment _____ Phone _____

Address _____

In an emergency when you cannot reach either parent, I authorize the school to call:

Physician's Name	Address	Phone
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Dentist's Name	Address	Phone
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If the physician or dentist named above cannot be reached, please call an available licensed physician or dentist or take my child to the nearest emergency first-aid station if necessary. I realize that the school cannot assume responsibility for the payment of medical fees or the expenses incurred.

If my child is to be taken home due to a minor illness, and I am not available, please call:

Name	Address	Phone
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Name	Address	Phone
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Signature of Parent/Guardian _____