



St. Matthew Lutheran Church & School  
Hawthorn Woods, IL

**Health Office Emergency Information**

Student Name (Last) : \_\_\_\_\_ (First) \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Lives With: Mom \_\_\_\_\_ Dad \_\_\_\_\_ Both \_\_\_\_\_ Guardian \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother Name: \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Father Name: \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

In case of emergency, who should be called if parents cannot be contacted? Please give daytime phone numbers.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of an emergency and medical attention is necessary in the judgment of school authorities, do you authorize them to seek emergency medical services and transportation for your child? Yes \_\_\_\_\_ No \_\_\_\_\_

Reasonable effort will be made to notify you or your emergency contacts after services have been initiated.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Pick-Up Authorization**

The following individuals are authorized to pick up my child after school, Extended Care pickup, or in case of an emergency or illness.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_