

Grace Lutheran Early Childhood Center Emergency Information

Student Last Name	First Name	MI	Date of Birth	Class Terrific Twos Preschool
Address	City, State, Zip		Home Phone Number ()	

Mother's Name	Home Phone #	Work Phone #	Cell Phone#	Alternate #
Father's Name	Home Phone #	Work Phone #	Cell Phone#	Alternate #

Emergency contacts in the event parents are unavailable:

Name	Phone Number(s)	Relationship

Medical Information:

Physician's Name & Phone Number	Preferred Hospital
Drug or food allergies, or any known medical condition:	

Under no circumstances shall my child be released to the following persons:

1. _____ 2. _____ 3. _____

If I am unable to pick up, I authorize the following persons to pick-up my child provided proper identification is first established.

Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____

I authorize the staff of Grace Lutheran Early Childhood Center to administer care (including bandages) to my child for minor scrapes and cuts.

I understand that Grace Lutheran ECC will attempt to contact those specified. I also understand that they will seek immediate assistance when the situation is judged by them to be an emergency; this may include calling an ambulance. I realize that all expenses incurred will be my responsibility.

I authorize Grace Lutheran Church ECC Staff to secure Emergency Medical Treatment for my child.

Anytime the above information must be changed, I will notify the school office in writing.

Signature of Parent or Guardian _____ Date _____

**Grace Lutheran Church Early Childhood Center
Emergency Contacts**

Child's Name: _____

Please list the following people as your child's Emergency Contacts in the order in which we are to call, including you.

1. _____ Phone Number _____

2. _____ Phone Number _____

3. _____ Phone Number _____

4. _____ Phone Number _____

5. _____ Phone Number _____

6. _____ Phone Number _____

7. _____ Phone Number _____

Parent's Signature: _____

Date: _____

Grace Lutheran Church Early Childhood Center

Permission for Publication of Student Photographs or Videos

From time to time, pictures/videos of ECC students may be used to provide information or to promote our school. Possible media include but are not limited to school and church newsletters, newspapers, television, school web site, parent emails, facebook, and promotional materials. Student pictures may at times be identified by name.

_____ I would prefer that my child's photograph/videos not be published.

Permission is granted for my child's photograph/videos to be published in the following: (Please check ALL for which you give permission.)

_____ Newsletters

_____ Newspapers

_____ Television

_____ School Web Site

_____ Promotional materials

_____ Emails to parents

_____ Facebook

I grant permission for the publishing as described above through August 31, 2022.

Student Name: _____
(Please Print)

Parent Name: _____
(Please Print)

Parent Signature: _____

Date: _____

Grace Lutheran Church ECC
Emergency Cell Phone List

We would like your permission to use your cell phone number(s) in the event that we need to send an Emergency Text to All Parents. Please include at least one cell phone number per family and make sure it is a number that is checked daily. We do not give your information out to anyone.

_____ I grant Grace Lutheran Church ECC permission to use the following cell phone number(s) when an Emergency Text will be sent to all parents.

Cell phone # _____

Name: _____ Child's Name _____

Cell phone # _____

Name: _____ Child's Name _____

Parent's Signature _____

Date: _____