

Astoria Lutheran School

Parent Consent & Student Emergency Contact Information 2018 - 2019

Student's Name (Print) **Last** **First** **Boy/Girl** **Grade** **Time**

Mother's/Guardian's Name _____ **Home Phone #** _____

Address _____ City _____ Zip Code _____

Mother's Cell # _____ **Mother's Business #** _____

Occupation: _____

E-Mail Address: _____ Child's Birthdate _____

Father's/Guardian's Name _____ **Cellular #** _____

Address _____ City _____ Zip Code _____

Occupation: _____ E-Mail Address: _____

If school cannot reach a parent in the event of an emergency or illness, please list a friend or relative who may be called to come for your child.

Emergency Contact's Name _____ Tel. # _____

Relationship _____

Emergency Contact's Name _____ Tel. # _____

Relationship _____

I understand that the school will endeavor to contact me or any other person listed in the event of an emergency. I also understand that in the final disposition of an emergency case, the judgment of school authorities will prevail. I agree to notify the school in writing, of any changes regarding the information listed above.

Parent/Guardian Signature _____ **Date** _____

OTHER INFORMATION AND CONSENTS:

Please List **All Allergies**: _____

Name of **Medical Doctor**: _____

Address: _____ Tel. # _____

PARENT CONSENT:

I give **my child** _____ **permission to take walking trips** or trips by public bus throughout the school year. I understand that a minimum of 2 adults will be accompanying my child on these trips.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

I hereby give Astoria Lutheran School (aka Queens and Grace Lutheran Schools) **permission to photograph** my child for in-school and promotional purposes.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____