

Astoria Lutheran School

Parent Consent & Student Emergency Contact Information 2019 - 2020

Student's Name **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 X _____ **Date X** _____

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 X _____ **DATE X** _____

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 X _____ **DATE X** _____