

# Emergency Information and Immunization Record Card

## FAITH LUTHERAN SCHOOL

3925 E. 5<sup>th</sup> Street, Tucson, AZ. 85711

520-881-0670

Child's name: \_\_\_\_\_

Date of enrollment: \_\_\_\_\_ Updated: \_\_\_\_\_

Street Address: \_\_\_\_\_

Date of Disenrollment: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Home phone: \_\_\_\_\_

### Mother or Guardian:

Name: \_\_\_\_\_

Home address: \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Signature: \_\_\_\_\_

### Father or Guardian:

Name: \_\_\_\_\_

Home address: \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Signature: \_\_\_\_\_

### If Medical Care is Necessary, Call:

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

Hospital: Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of injury or sudden illness, \_\_\_\_\_ will be called. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

**In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

The following person(s) may **NOT** remove my child from the facility:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**Custody papers have been provided and are on file at the facility. \_\_\_\_\_ YES \_\_\_\_\_ NO**

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent or Guardian printed name: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Immunization Information

Please Check One of the options and ATTACH appropriate immunization form (must have in order to enroll).

- \_\_\_\_\_ Copy of current official documented immunization record attached
- \_\_\_\_\_ Religious Belief's exemption form signed by parent/guardian attached
- \_\_\_\_\_ Medical Exemption form signed by physician and parent/guardian attached
- \_\_\_\_\_ Signed Laboratory Proof of Immunity form attached



Notification of immunizations needed sent to Parent(s) or Guardian(s):    \_/\_/\_    \_/\_/\_    \_/\_/\_

Update immunizations received and attached                                   \_/\_/\_    \_/\_/\_    \_/\_/\_

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## Medical Information

Is child allergic to food or other substances? (If so, name foods or substances to be avoided and procedure to follow if reaction occurs.)

\_\_\_\_\_

Is child usually susceptible to infections and if so, what precautions need to be taken? \_\_\_\_\_

\_\_\_\_\_

Is child subject to convulsions and what should be our procedure if one occurs? \_\_\_\_\_

\_\_\_\_\_

Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? \_\_\_\_\_

\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other special instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reviewed: (Please initial and date)**

\_\_\_\_\_ **1<sup>st</sup> Grade**    \_\_\_\_\_ **2<sup>nd</sup> Grade**    \_\_\_\_\_ **3<sup>rd</sup> Grade**    \_\_\_\_\_ **4<sup>th</sup> Grade**

\_\_\_\_\_ **5<sup>th</sup> Grade**    \_\_\_\_\_ **6<sup>th</sup> Grade**    \_\_\_\_\_ **7<sup>th</sup> Grade**    \_\_\_\_\_ **8<sup>th</sup> Grade**