

**Redeemer Lutheran School
Extended School Care (E.S.C.)
2014-2015 Identification Form**

Student Name: _____ Grade: _____ M ___ F ___

Birth Date: _____ Age _____ Allergies: _____

Student Name: _____ Grade: _____ M ___ F ___

Birth Date: _____ Age _____ Allergies: _____

Student Name: _____ Grade: _____ M ___ F ___

Birth Date: _____ Age _____ Allergies: _____

Address: _____

City/State/Zip _____ Phone Number: _____

Mother's Name: _____

Address (if different than above) _____

Email Address _____ Work Schedule: _____

Work Phone: _____ Cell Phone: _____

Spouse (if different than father) _____

Father's Name: _____

Address (if different than above) _____

Email Address _____ Work Schedule: _____

Work Phone: _____ Cell Phone: _____

Spouse (if different than mother) _____

List two persons with phone numbers who are allowed to pick up your child/children and who can assume responsibility of your child/children if you cannot be reached:

Name: _____ Name: _____

Phone (H) _____ Phone (H): _____

(C) _____ (C): _____

Is there anyone who should NOT be allowed to pick up your child?

Name: _____ Reason: _____

Family Physician: _____ Phone: _____

Emergency Medical Information

I hereby authorize Redeemer Lutheran School to act in emergency situations that would involve my child. The immediate source of emergency assistance will be 911.

Parent/Guardian Signature _____ Date _____