



2011-2012
OSLA Student Emergency Form

PS PK
Circle One: K 1 2 3 4 5
6 7 8

Last Name	First Name	Middle Name	Name Called
Home Street Address		BEST Phone # w/area code	
City	State	Zip	Date of Birth
Gender	Race		Place of Birth
Religious Affiliation	Church		Pastor

Parents/ Guardians	Father	Mother	Step-Father	Step-Mother
Name				
Street Address (if different)				
City State Zip (if different)				
Home Phone (if different)				
Cell Phone				
E-mail address				
Occupation, Title				
Employer				
Work Hours				
Street Address				
City, State, Zip				
Business Phone				

Emergency Adult Pick Up Name	1	2	Medical/Health Info	Pediatrician	Dentist
Address			Name		
Relationship to student			Street address		
Home Phone #			City, Zip		
Work Phone #			Phone #		
Cell Phone #			Preferred Hospital		

List any known conditions such as heart disease, diabetes, epilepsy, severe allergies, asthma, eye/ear problems, chronic conditions, daily medications, attention deficit, etc. If there are none, please write "NONE."

List any prescription medications for the purpose of improving academic performance and describe the frequency. If there are none, please write "NONE."

- I/we certify that the statements and answers given in this application are true and accurate.
- I/we understand that it is the responsibility of the parent to update all information at the office.
- I/we have given OSLA the child's birth certificate, and up-to-date immunization record.
- I/we, the undersigned, give OSLA the authority to take whatever steps that may be necessary to obtain emergency care for my child, if warranted.
- I/we agree that OSLA may photograph, quote, record or videotape members of my/our family for communications and marketing purposes. Permission includes the right to use and/or publish photographs, recordings, footage, and names in connection therewith if so desired for public relations or advertising efforts that promote the mission, values and programs of OSLA. I/we release OSLA from any claim or liability related to that use and waive all claims for myself/ourselves, my/our heirs and assigns against individual staff persons and OSLA. *Should you object to the inclusion of your child, please submit a letter outlining the areas you would like your child to be excluded, and those requests will be honored.*

Signature of Parent/Guardian _____ Date _____ Signature of Parent/Guardian _____ Date _____

Our Savior Lutheran Academy

