

**Confidentiality Notice**

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**ANNUAL HEALTH UPDATE/EMERGENCY CARE FORM/SNOW HOME**  
**GRACE LUTHERAN SCHOOL**  
**2018-2019**

- **Return to the school immediately. One form for each child.**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: F or M  
  First  MI  Last

Birth date: \_\_\_\_\_ Does your child have a dual living situation?    No    Yes  
(If yes, fill out childcare section on back of form)

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

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

Primary Email Address: \_\_\_\_\_ Secondary Email: \_\_\_\_\_  
(If you want newsletter emailed to more than one address)

Current Church Affiliation:    *Christian Church-Affiliation*    *Where?* \_\_\_\_\_  
    *WELS/ELS-Where?*        *No Church Home*     *Other (Specify)*   

Ethnicity:     Native American     Asian     Black     Hispanic     White     Other (Specify) \_\_\_\_\_  
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Father/Guardian's Name: \_\_\_\_\_ Cellular Number \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Work No. \_\_\_\_\_  
 Home Phone No. \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Cellular Number \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Work No. \_\_\_\_\_  
 Home Phone No. \_\_\_\_\_

Who is financially responsible for this child? \_\_\_\_\_

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*It is the responsibility of the parent to make arrangements for proper care in case of an illness or injury. If the parent cannot be contacted, the emergency contact will be called. Please list two emergency contacts:*

1. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Place of Business No. \_\_\_\_\_  
 Cellular Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Place of Business No. \_\_\_\_\_  
 Cellular Phone: \_\_\_\_\_

**\*\*CONTINUED ON BACK SIDE OF SHEET\*\***

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**SNOW HOMES FOR STUDENTS FROM RURAL AREAS ONLY**

If my children cannot be returned home, please send them to:

\_\_\_\_\_  
(Name) (Address) (Phone)

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**Childcare Section:**

Please list your after-school caregivers for younger children or any dual living situations. This way we know where your children are to go.

Monday (name) (address) (phone) \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

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**School Handbook Section:**

\_\_\_\_ By enrolling my child(ren), I agree to comply with the policies and procedures outlined in the Grace Lutheran School Handbook.

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**Health Section:**

**Please list any current information teachers and other school staff need to be made aware of regarding your child (Ex: ADD, ADHD, anxiety, autism, separation disorder, ODD, disease, illness, operations, allergies, limitations on activities, chronic conditions).**

**\*List any medication the student is currently taking and why.**

\_\_\_\_\_  
\_\_\_\_\_

*By signing this form, school staff and other contracted school services will be notified of child's health concerns.*

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Parent/Care Giver Signature \_\_\_\_\_ Date: \_\_\_\_\_