

# Family Emergency Card

## Our Lady of the Lake School

Please Print in Ink or Type

20\_\_ to 20\_\_

Name of Child: \_\_\_\_\_

Address: \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Siblings attending \_\_\_\_\_ Catholic School.

1.	First Name	Grade	4.	First Name	Grade
2.			5.		
3.			6.		

For mailing purposes, please indicate the following:

Father's Name or Legal Guardian \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_ Phone \_\_\_\_\_ X \_\_\_\_\_

Mother's Name or Legal Guardian \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_ X \_\_\_\_\_

Please list two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.  
(They are local and have been notified of this responsibility.)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

The Public School District of your residence is: \_\_\_\_\_

*Please return this card to the school.  
Thank You!*

# Our Lady of the Lake School

## Authorized Pickup List

For your child's protection, please fill out the names of persons authorized to pick up or bring your child to school other than yourself. Notify the school of any changes immediately.

Inform persons on this list that they must be prepared to identify themselves to our staff.

List parent other than the one signing this form if they are authorized to pick up or drop off your child.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Carpool Arrangements: \_\_\_\_\_

Is there anyone whom you DO NOT wish to have your child released to? \_\_\_\_\_

## Emergency Telephone Numbers

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Please return to the school.  
Thank You!