

**Salem Lutheran School
Emergency Contact Form**

Family Name: _____

Child(ren):	Grade
_____	_____
_____	_____
_____	_____
_____	_____

In case of emergency, who do we call first?

Name: _____

Phone: _____

In the event we are unable to reach the first contact, please provide the names and telephone numbers of three additional contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Doctor's name: _____ Phone: _____

Dentist's name: _____ Phone: _____

Pastor's name: _____ Phone: _____

If any of the above information changes during the school year, I understand that I must contact the school office immediately to report the changes.

Parent's signature

Date