



# St. Peter's Lutheran School

## Student Emergency File 2026-2027

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

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

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Family Code Word: (if you use one) \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_ Cell # \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_ Cell# \_\_\_\_\_

In Case of Emergency and we cannot reach the parent or guardian we may contact:

Person's Name	Relationship	Cell#	Other#
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Person's Name	Relationship	Cell#	Other#
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Physician's Name, Phone & Address:

Physician's Name	Phone #
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Address \_\_\_\_\_

Dentist's Name, Phone & Address:

Dentist's Name	Phone #
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Address \_\_\_\_\_

Should your child suffer from a serious injury and needs to be transported by Emergency Medical Personnel to the nearest hospital, do you give your permission for such transport and agree to pay for the expenses incurred?

Yes  No If No, please explain: \_\_\_\_\_

Known allergies, asthma, diabetes, epilepsy etc. or special medical condition:

\_\_\_\_\_

Insurance Information: \_\_\_\_\_

A DHEC form 2740 SC Certificate of immunization is required **BEFORE** your child begins school. This can be obtained by contacting your pediatrician.

I certify that to the best of my knowledge \_\_\_\_\_ is in good mental and physical health and able to participate in St. Peter's Lutheran School's program.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_