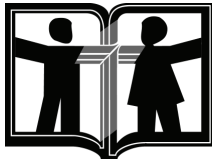


Survival
Actions
For
Emergencies

**ST. MICHAEL
LUTHERAN SCHOOL**
3595 Broadway
Ft. Myers, FL 33901
(239) 939-1218
**EMERGENCY/DISASTER
INFORMATION**



ONE FORM PER FAMILY

CHILD'S FULL LEGAL NAME _____ 2011-2012

GENDER _____ BIRTHDATE _____ GRADE _____ SOCIAL SECURITY NUMBER _____

CHILD'S FULL LEGAL NAME _____

GENDER _____ BIRTHDATE _____ GRADE _____ SOCIAL SECURITY NUMBER _____

CHILD'S FULL LEGAL NAME _____

GENDER _____ BIRTHDATE _____ GRADE _____ SOCIAL SECURITY NUMBER _____

CHILD LIVES WITH: _____ CUSTODY RESTRICTIONS: YES / NO

(PLEASE SUPPLY DOCUMENTS) _____

HOME ADDRESS _____ CITY _____ STATE: _____ ZIP _____

MOTHER'S NAME [natural / Step / Foster] _____ ADDRESS (IF DIFFERENT) _____

FATHER'S NAME [natural / Step / Foster] _____ ADDRESS (IF DIFFERENT) _____

CHILD'S RESIDENCE HOME PHONE _____

FATHER (W) _____ PAGER/MOBILE PH.: _____ EMPLOYER: _____

MOTHER (W) _____ PAGER/MOBILE PH.: _____ EMPLOYER: _____

PLEASE SHARE EXISTING HEALTH CONDITIONS / ALLERGIES / CONTINUOUS MEDICATIONS:

CHILD'S DOCTOR _____ PHONE _____

CHILD'S DENTIST _____ PHONE _____

HOSPITAL _____ PHONE _____

WILL YOU BE REQUESTING THAT YOUR CHILD RECEIVE MEDICATIONS AT SCHOOL? YES / NO

PERSONS AUTHORIZED TO PICK UP CHILD FROM FACILITY & PROVIDE CARE IN CASE PARENT CAN'T BE REACHED:

NAME _____ RELATIONSHIP _____ PHONE NUMBERS _____

PERSONS NOT AUTHORIZED TO PICK UP CHILD FROM FACILITY: _____

OUT-OF-STATE FRIEND OR RELATIVE WHO MAY BE CONTACTED IN THE EVENT OF A DISASTER IN LEE COUNTY:

NAME _____ RELATIONSHIP _____ PHONE _____

ADDRESS _____

I accept responsibility for notifying the school of any changes of home or business address and phone numbers. In the event of serious illness or accident and I cannot be immediately contacted, I give permission to have my child moved by ambulance or other conveyance to a doctor's office or hospital for immediate attention. I also assume responsibility for payments of same. In case of an accident or illness where immediate treatment is not needed, but where my child is unable to remain at school, I request the school to contact me. If I am unable to be reached, I request that one of the person listed on this document be contacted to care for my child until I can be reached.

DATE: _____

PARENTS' (GUARDIANS') SIGNATURE: _____

