ZION LUTHERAN SCHOOL
Student Emergency Contact Form
2026-2027

Parent (Guardian) Names

Address City Home Phone

Children Enrolled	Grade	Special Health Notes-List all allergies, health conditions and an action plan if necessary

Father's Work Phone:_____ Cell Phone:_____

Mother's Work Phone: _____ Cell Phone:_____

Additional Emergency Contact:_____
(Name, phone number-relationship)

Additional Emergency Contact:_____
(Name, phone number-relationship)

*e-mail addresses _____

_____

*(In case of an emergency situation – school closures, etc, all parents will be notified by e-mail and text message. Please list an e-mail address and cell phone/work phone that you will be able to access during school hours.)

In case of illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to take whatever measures necessary.

Parent signature:_____ Date: _____