

**VALLEY LUTHERAN HIGH SCHOOL
EMERGENCY FORM**

Student's Name(last name first) Family Name Grade Birthdate Home phone

School District Last school attended City of Birth Congregation

Student's Home Address City Zip Male or Female

Father Home Address City Zip Business phone

Mother Home Address City Zip Business phone

Other responsible adult(name) Relationship to student Phone

Other responsible adult(name) Relationship to student Phone

Parent E mail address _____

OVER

From time to time directory information is released. This includes the publication of the student directory as well as releases to the media for publication (honor roll, student awards, etc.) If you do not want directory information released, please contact the school office for further information.

On occasion your child may need to take medication at school.

____ You may give my child Tylenol/aspirin upon request.

____ **If your child is taking prescribed medication, you need to have a permission form completed by the physician on file in our school office (Forms available in VLHS office).**

Parent's Signature

Date