



St. John's Evangelical Lutheran Church & School
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GUARDIAN'S EMERGENCY AGREEMENT

with St. John's Lutheran School

Effective Date: September 1st, 2025 – Expires June 30th, 2026

Student's Name: _____ Age: _____ Grade: _____

Guardian's Name: _____

Guardian's Emergency Contact #: _____

In the unusual event of an emergency at school, I hereby agree to have St. John's Lutheran School act as an agent for me if immediate action needs to be taken on my child's behalf. It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the guardian, as indicated below, will be respected as far as possible. *I understand that I will be contacted immediately and all precautions will be taken to protect my child.*

Information to Physician about child that may help in treatment: _____

Allergies or Medical Conditions: _____

Family Physician: _____ Telephone #: _____

Guardian's Signature _____ Date _____