

Trinity Christian School Emergency Form

THIS FORM MUST BE COMPLETED IN FULL BEFORE YOUR CHILD CAN ATTEND SCHOOL

Child's Name _____ Birth Date _____

Address _____

Father's Name _____ Home Phone _____

Address _____ Work Phone _____

Mother's Name _____ Home Phone _____

Address _____ Work Phone _____

Fathers Cell Phone/Pager _____ Mother's Cell Phone/Pager _____

Daycare Provider Name _____ Phone _____

Regular Physician Name _____

Address _____ Phone _____

Emergency Physician Name _____

Address _____ Phone _____

Allergies _____

Medications & other specific medical information _____

Regular Dentist Name _____

Address _____ Phone _____

Emergency Dentist Name _____

Address _____ Phone _____

Emergency Contacts/Authorized Pick-ups OTHER than parents (within 20 minutes of school)

Name _____ Home Phone _____

Address _____ Work Phone _____

Name _____ Home Phone _____

Address _____ Work Phone _____

2 Emergency contacts other than parents are required. List additional names on back. Any person picking up child from school MUST be listed.

UNAUTHORIZED Pick-ups

NOTE: ONLY AUTHORIZED persons may pick up your child. Please contact us in writing with any changes in authorization.

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I give permission to **Trinity Christian School and Trinity Lutheran Church Staff** to make whatever emergency (e.g. first aid, evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the School/Center.

In case of a medical emergency, I understand that my child will be transported to the closest emergency facility (unless otherwise specified) _____ by the local emergency unit for treatment if the local emergency resource (Police, Rescue Squad) deems it necessary. The child will be transported at the expense of the patients.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adults acting on the parent's behalf.

SIGNATURE: _____ DATE: _____
(Parent or Guardian)