

Secondary Family Information

Address Line 1: _____				
Address Line 2: _____				
Home Phone 1: _____	City	<input type="checkbox"/> Listed	Home Phone 1: _____	County
			State	Zip Code

Father's Information

Father's Name: _____	Last	First	Middle	Suffix
Preferred Name: _____	Title: _____	E-Mail Address: _____		
Mobile Phone: _____			Emergency Contact: <input type="checkbox"/>	Allowed to pick child: <input type="checkbox"/>
Company Name: _____	Job Title: _____			
Business Phone 1: _____	Ext: _____	Business Phone 2: _____	Ext: _____	
		Fax: _____		
Church Affiliation: _____				

Mother's Information

Mother's Name: _____	Last	First	Middle	Suffix
Preferred Name: _____	Title: _____	E-Mail Address: _____		
Mobile Phone: _____			Emergency Contact: <input type="checkbox"/>	Allowed to pick child: <input type="checkbox"/>
Company Name: _____	Job Title: _____			
Business Phone 1: _____	Ext: _____	Business Phone 2: _____	Ext: _____	
		Fax: _____		
Church Affiliation: _____				

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 supervision of the School/Center.

In case of 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 parents.

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)

Emergency Contacts (Emergency Contact other than Parents) At least 2 required within 20 minutes of School

Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Medical Contacts

Physician: _____ Phone: _____ Address: _____

Dentist: _____ Phone: _____ Address: _____

Hospital: _____ Phone: _____ Address: _____

Food Allergies: _____ Other Allergies: _____

Medications and specific medical information: _____

Pickup Information (People Authorized to pickup children from school)

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Additional Pickup Information (People Authorized to pickup children from school)

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

UNAUTHORIZED PICKUP INFORMATION (People **NOT** Authorized to pickup children from school)

Name: _____

Name: _____

Name: _____

If available, please provide a photo of any unauthorized person!