Trinity Christian School
Emergency Information and Treatment Form
2011-2012 School Year

I, the parent/legal guardian of _____, give permission for my child to be picked up by the adults listed below. I further give permission for emergency medical treatment in the event the school is unable to contact me.

_____ _____
Signature of parent/legal guardian **Date**

Mother's name _____ _____ Cell (____) _____
First Last (if different than child's)

Employer _____ _____ _____ (____) _____ _____
Company name Address City Phone Ext

Father's name _____ _____ Cell (____) _____
First Last (if different than child's)

Employer _____ _____ _____ (____) _____ _____
Company name Address City Phone Ext

Home Address _____ _____ _____
Street City Zip

Home Phone (____) _____

Student's doctor _____ Dr's office phone (____) _____ Insurance _____

Dr's address _____ _____ Ins. policy # _____
Address City

Medication taken/used on a regular basis _____ Allergies _____

Marital status ( ) married ( ) separated ( ) divorced ( ) other If divorced or separated explain any rights or restraints the noncustodial parent has, other than normal visitation rights _____

_____

Emergency names/numbers in the event you cannot be reached: Put contacts in the order we should call.

_____ _____ (____) _____
Name Relationship Phone

_____ _____ (____) _____
Name Relationship Phone

_____ _____ (____) _____
Name Relationship Phone

I give permission for my child to be released to the following individuals:

_____ _____ (____) _____
Name Relationship Phone

_____ _____ (____) _____
Name Relationship Phone

_____ _____ (____) _____
Name Relationship Phone

_____ _____ (____) _____
Name Relationship Phone

Grade: _____ Name: _____ First _____ Last