

School Year _____
EMERGENCY INFORMATION

Last Name _____ (Please print) First _____ Grade _____
First _____ Grade _____
First _____ Grade _____

Address _____

Children reside with: _____ Both parents _____ Mother _____ Father

DAYTIME PHONE NUMBERS TO REACH PARENTS

Mother's Name	Father's Name
Home #	Home #
Work #	Work #
Cell #	Cell #
Email	Email

List 2 adults to assume temporary responsibility of your child if you cannot be reached.

1. Name _____
Phone # _____ Relationship _____

2. Name _____
Phone # _____ Relationship _____

In case of local / national emergency, the following individual/ family may pick up my child from Trinity School.

1. _____ Ph # _____
2. _____ Ph # _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements seem necessary.

Parent or Guardian signature _____ **Date** _____

Physician's Name (Please Print) _____
Phone # _____

Insurance Co. _____
Subscriber's Name _____
Relationship _____
Member # _____ Group # _____