

BLESSED TRINITY SCHOOL
EMERGENCY INFORMATION 2009-10

TODAY'S DATE _____

(Please print clearly)

FATHER'S NAME _____ (first & last) MOTHER'S NAME _____ (first & last)

STUDENT'S NAME _____ (first & last) GRADE _____ TEACHER _____

ADDRESS _____ Street City Zip HOME PHONE _____

E-MAIL _____

WHERE CAN PARENTS BE REACHED IF NOT AT HOME?

MOTHER'S WORK PHONE _____ NAME OF BUSINESS _____

CELL _____ BEEPER _____

FATHER'S WORK PHONE _____ NAME OF BUSINESS _____

CELL _____ BEEPER _____

List 2 other people who can be contacted if parents cannot be reached at home or at work:

1. NAME _____ PHONE _____

2. NAME _____ PHONE _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me at home or at work I hereby authorize the school to call the physician named below and follow his/her instructions. If the physician cannot be reached, the school may make whatever arrangements seem necessary.

PARENT/GUARDIAN SIGNATURE _____

IS YOUR CHILD PRESENTLY ON ANY MEDICATIONS? _____

IF SO, FOR WHAT? _____

NAME OF MEDICATION _____

List any condition your child may have that should be brought to the attention of all personnel in case of a reaction, flare-up, etc., i.e. (diabetic, epileptic, asthmatic, etc.).

LOCAL PHYSICIAN'S NAME _____ PHONE _____

I hereby authorize the following people to pick up my child(ren). Include all family members who may be picking up child.

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Changes to the above list MUST be made in writing, signed, and sent to the school office before the child will be released to anyone besides those listed here.

Information on this form should be kept current. Please notify the office immediately of any changes.