

(Please print clearly)

Today's Date \_\_\_\_\_

**BLESSED TRINITY SCHOOL  
EMERGENCY INFORMATION 2010-2011**

FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_  
(First and last) (First and last)

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
Street City Zip

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 your 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.*