

Blessed Trinity Catholic School Emergency Contact and Medical Information for a Child

Student Lives With: Both Parents _____ Father _____ Mother _____ Other (Whom) _____ **PLEASE PRINT**

Child's Name _____ Date of Birth _____ Grade _____ M F
Sex

Parent's/Guardian's Name _____ Parent's/Guardian's Name _____

() _____ () _____ () _____ () _____
Home Phone Work Phone Home Phone Work Phone

Address _____ Address _____

City, ST ZIP Code _____ City, ST ZIP Code _____

Cell Phone () _____ Cell Phone () _____

Alternative Emergency Contacts

Person to be contacted when parents cannot be reached: (Please inform person that they are listed as emergency contact.)

Primary Emergency Contact _____ Secondary Emergency Contact _____

() _____ () _____ () _____ () _____
Home Phone Work Phone Home Phone Work Phone

() _____ () _____
Cell Phone Cell Phone

Address _____ Address _____

Emergency Medical Information

Physician's Name _____ Clinic Name _____

Clinic Address _____ Phone Number _____

Insurance Company _____ Policy Number _____

Dentist's Name _____ Phone Number _____

Allergies/Special Health Considerations: _____

Does student wear glasses: _____ Contacts: _____ Significant illness in past year, i.e. chicken pox, strep, ear infections: _____

Date of last physical exam: _____ Date of last dental exam _____

Is student currently taking any medication? _____ If yes, give drug and for what reason given: _____

Will medication need to be given during school hours? _____ If yes, a permission form needs to be completed.

Do you have any concerns about hearing, vision or general health? _____

*I give permission to Blessed Trinity Catholic School to make whatever emergency, (e.g., first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the school. In case of a medical emergency, I understand that my child will be transported to appropriate medical facility by the local emergency unit for treatment at the expense of insurance or parents. In some situations, staff will need to contact local emergency resources before contacting the parent, the child's physician, and/or other adult acting on the parent's behalf.

Parent's Signature Date