



Emergency Information and General Permission Form 2012-2013

Please Use Black Ink and use the back side of this sheet if you need more space.

Student Last Name	Student First Name	Date of Birth: _____ Grade: _____
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Street Address	City	State	Zip Code
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Parent's/Guardian's Name(s) _____ _____	Home Phone: _____
	Cell Phone: _____
	Cell Phone: _____

Father's Place of Employment	Work Phone Numbers (Label: Cell, Pager, etc. include area codes)
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Mother's Place of Employment	Work Phone Numbers (Label: Cell, Pager, etc. include area codes)
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Alternate Contact Name and relationship (DO NOT LEAVE BLANK)	Phone (include area code)
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► Medical Information
 Note: All prescription & long term non-prescription medications to be given at school require an order from your physician.

Physician Name	Clinic	Phone
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Name of Health Insurance	Policy #
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Hospital of Choice:

Allergies (list all; bee sting, food, medication, latex, pollens, etc.)	Medical Conditions (asthma, ADD/ADHD, diabetes, seizures, chronic conditions, etc.)	Medications (list all medications your child is on, and star[*] the ones given at school.)
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Non-prescription Pain Medication Self-Administration Permission

My student has permission to self-administer non-prescription pain relief, subject to the conditions below:
 ~ Medication is in original container and student is knowledgeable in proper dosage, use, and administration.
 ~ Student may not possess medication containing ephedrine or pseudoephedrine (i.e. Sudafed).
 ~ Student may **not** share medication with other students
 ~ The non-prescription pain medication must be accompanied by a signed note from the parent

~ If these rules are abused, school may revoke this privilege.

Yes No Parent Initial _____

► Permission

My Child, _____
 has my permission to participate in all the activities of Trinity School from August 13, 2012 to August 15, 2013.
 I agree not to hold Trinity School, its faculty, other adult chaperones or sponsors liable in case of an accident involving my child.
 The faculty of Trinity School have my permission to seek any necessary emergency treatment and to administer first aid as needed for my child during these activities.

Parent/Guardian Signature:	Date
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Parent/Guardian Signature:	Date
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