



TRINITY LUTHERAN SCHOOL

Emergency Information & Medical Consent Form

Please complete one form per student including every box.

Student's Last Name	First Name	MI	Date of Birth	Grade
Address		City		Home Phone Number ()
Subdivision		Zip Code		

Mother's Name	Address (if different)	Home Phone #	Work Phone #	Cell Phone #
Father's Name	Address (if different)	Home Phone #	Work Phone #	Cell Phone #

Mother's Email: (for communication purposes only)	Father's Email: (for communication purposes only)
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Emergency Contact information: In the event of an emergency you are unable to be reached, please list in order who should be contacted next. (eg. grandparents, relatives, neighbors, friends)

Name	Phone Number	Relationship
1 st		
2 nd		
3 rd		

Medical Information:

Physician's Name	Phone Number
Dentist's Name	Phone Number
Drug or food allergies, or any known medical condition:	

Insurance Information:

Insurance Company	Insured's Name
Policy#	Group #

I authorize the following persons to pick-up my child from school:

Name	Phone Number	Relationship

Signature of Parent or Guardian _____ Date _____