



**EMERGENCY CONTACT INFORMATION:**

**Father/Guardian's**

**Mother/Guardian's**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(if different from the student's)

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Additional persons authorized to take child from site:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**EMERGENCY HEALTH/MEDICAL INFORMATION:**

Allergic to \_\_\_\_\_

Emergency Medications: \_\_\_\_\_

Medical Conditions (asthma, diabetic, etc. ): \_\_\_\_\_

Physicians: \_\_\_\_\_ Phone#: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone#: \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy ID#: \_\_\_\_\_

*I authorize Trust Primary School Afternoon Program to seek emergency treatment on behalf of my child if the doctors listed above cannot be reached or to take my child to the nearest emergency aid station by ambulance if necessary.*

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date