

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