Trinity Academy

EMERGENCY FORM 2023-2024

Child's Last Name	First Name	Birth Date	Grade	Date of last Tetanus Vaccination	Using judgment, Trinity Academy may administer Tylenol (circle one)
					Y N
					Y N
					Y N
					Y N
					Y N

Mother's full name:		
Address:	City:	Zip:
Home phone:	Work phone:	Cell phone:
Email address:		

Father's full name:		
Address:	City:	Zip:
Home phone:	Work phone:	Cell phone:
Email address:		

Emergency Contact Information *If parents or guardians cannot be reached, please contact*:

Name:	Relationship:
Phone numbers:	
Name:	Relationship:
Phone numbers:	

Doctor/Insurance Information

Physician or HMO:	Phone:
Physician or HMO:	Phone:
Dentist:	Phone:
Insurance Provider:	
Policy Number:	Group Number:

List any special health conditions, allergies, current medications, etc.:

_____

   In the event of an emergency and neither parent can be reached, I hereby authorize school officials to take whatever action is deemed necessary, in their judgment, for the health of my child(ren). I consent to any immediate medical procedures that the physician believes my child(ren) need(s), on the understanding that efforts will continue to be made to contact me. I accept responsibility for all costs related to such treatment. I hereby release Trinity Academy, its employees and chaperones from any and all liability in the event of injury.

   As the parent/guardian of the above-named child(ren), I hereby acknowledge my understanding that off-campus travel is an important part of the educational program of the school, and that such travel may be by bus or by private vehicle driven by an employee of the school or by a parent. I hereby authorize my student(s) to participate in such trips during the current school year, and hereby release Trinity Academy, its employees and chaperones from any and all liability in the event of injury arising out of participation in such travel.

Signature of Parent(s): _____ Date _____

_____ Date _____