

# Trinity Lutheran School and ECC Emergency Information Form

**Please fill in all information completely**

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_

Mom's name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_

Dad's name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_

Mom's Cell # \_\_\_\_\_

Dad's Cell # \_\_\_\_\_

Mom's Work # \_\_\_\_\_  
Mom's Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City/St./Zip \_\_\_\_\_  
Days/Hours \_\_\_\_\_

Dad's Work # \_\_\_\_\_  
Dad's Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City/St./Zip \_\_\_\_\_  
Days/Hours \_\_\_\_\_

## **Names of persons to be notified in an Emergency, to whom child may be released when a parent is not available.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City/St./Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City/St./Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City/St./Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

I give permission to **Trinity Lutheran School and Early Childhood Center**, licensed by the Department of Human Services to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Name of Child's Physician or Health Clinic)

\_\_\_\_\_  
(Physician Phone Number)

\_\_\_\_\_  
(Address of Child's Physician or Health Clinic)

\_\_\_\_\_  
(Hospital Preferred for Emergency Treatment)

\_\_\_\_\_  
(Health Insurance Policy Name)

\_\_\_\_\_  
(Policy Number)

**ALLERGIES** \_\_\_\_\_

**Date of Last Tetnus (DTaP) shot:** \_\_\_\_\_

**Special Health Concerns and Instructions:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_