Trinity Lutheran School
Emergency Authorization Contact Form

Student's Name: _____

Date of Birth _____ Grade _____

Parent/Guardian Information:

Home Address _____
Street

_____
City/State/Zip

Mother's Name _____ Cell Phone _____

Work Phone _____ Email _____

Father's Name _____ Cell Phone _____

Work Phone _____ Email _____

Additional Authorized Contacts to call in case of an emergency:

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

People who may pick up my child from school, aftercare, or school events:

Name _____ Phone _____ Relation _____

Make and model of car: _____ Color: _____

Name _____ Phone _____ Relation _____

Make and model of car: _____ Color: _____

Name _____ Phone _____ Relation _____

Make and model of car: _____ Color: _____

I acknowledge that my child cannot be released to anyone else, unless contact has been made with the school by written note or by telephone.

(PLEASE COMPLETE BOTH SIDES)

Health Information: Please give all information that you feel is necessary in order for the school to keep your child safe. In case of an emergency, we will use the information from the Emergency Authorization Contact Form. If your child has asthma and/or allergies, please fill out the allergy action plan and asthma action plan available in the office.

Asthma _____

Allergies _____

Medicine taken _____

Other information _____

If you cannot be reached in an emergency and immediate medical and/or hospital attention is indicated, do you authorize responsible school authorities to send your child properly accompanied to an available hospital or physician: _____Yes _____No

Hospital:

1. Name _____ City _____

2. Name _____ City _____

Family Physician:

1. Name _____ Phone _____

2. Name _____ Phone _____

Parent Signature:

Parent/ Guardian _____ Date_____

****Must be completed and returned before the first day of school****