

Trinity Christian Academy
Emergency Information Sheet
2023/2024 Academic Year

Please complete the following form and have your child return it as soon as possible. Be sure everything is accurate and legible. Please notify the school office of any changes to this information. Thank You.

Student Name: _____

Birthday (Month/Day/Year): _____

Telephone Numbers: Home _____

Work _____

Cell _____

Names of Parents or Guardians: _____

Current Address: (Street Number & Name) _____

(City & State) _____

(Zip Code) _____

Email Address: _____
(This would be used to inform you of events, child's progress etc.)

If in the event of an emergency you cannot be reached, please list a contact person that we could notify:

Name of Contact Person: _____

Telephone Numbers of Contact Person: Home _____

Work _____

Cell _____

Relationship of contact person to student (relative, friend of family etc.):

Please continue on the back page.

Name of Student's Physician: _____

Physician's Office Telephone Number: _____

Name of Student's Dentist: _____

Dentist Office Telephone Number: _____

Please list any allergies your child has: _____

Please list any medications your child is currently taking: _____

Please feel free to list any additional information that you feel would be prudent in an emergency situation concerning your child: _____

Student Pick up Authorization

Please list individuals other than parents, legal guardian or custodial parent who is granted permission to pick up your child:

Name: _____ **Phone Number:** _____
