



Emergency Procedures 2020-2021

Student's Name _____

Address _____

LIST ANY KNOWN ALLERGIES:

Food _____

Medications: _____

LIST ANY HEALTH PROBLEMS: _____

EMERGENCY CONTACT:

In case of an emergency, illness, or accident to the student named above, the school will attempt to contact persons in the following order. We are required to have **two** emergency contacts in addition to parents. **Addresses must be provided** for all emergency contacts.

	<i>Name</i>	<i>Phone number</i>	<i>Address</i>
1.	_____	_____	_____
	Circle: Father/Mother/Family member/Friend	Circle: Home/Work/Cell	_____
2.	_____	_____	_____
	Circle: Father/Mother/Family member/Friend	Circle: Home/Work/Cell	_____
3.	_____	_____	_____
	Circle: Father/Mother/Family member/Friend	Circle: Home/Work/Cell	_____
4.	_____	_____	_____
	Circle: Father/Mother/Family member/Friend	Circle: Home/Work/Cell	_____
5.	_____	_____	_____
	Circle: Father/Mother/Family member/Friend	Circle: Home/Work/Cell	_____
6.	_____	_____	_____
	Circle: Father/Mother/Family member/Friend	Circle: Home/Work/Cell	_____

EMERGENCY MEDICAL CARE:

The staff of Preschool at Trinity (Trinity Lutheran School) is authorized to administer emergency medical care for my child, _____.

Signature of parent or guardian _____ Date _____

REGULAR MEDICAL CARE:

Complete doctor and dentist information is required for our state licensing.

Doctor's Name Doctor's Address Doctor's Phone

Dentist's Name Dentist's Address Dentist's Phone

EMERGENCY WEATHER EVENT OR SCHOOL CLOSING:

Person and home to go to in case of a sudden weather event or emergency school closing:

Name Phone Address

RELEASE OF STUDENT:

Please list the person(s) authorized **TO TAKE** your child from the school. **DO NOT** list parents.

Name Phone Address Relationship

Name Phone Address Relationship

Name Phone Address Relationship

Please list names and addresses of person(s) who **MAY NOT TAKE** your child from the school.

Name Phone Address Relationship

Name Phone Address Relationship

State any other information you wish to give to assist us in caring for your child.

Signature of parent or guardian _____ Date _____