



# Emergency Procedures 2025-2026

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	_____
			_____

**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 \_\_\_\_\_