TRINITY LUTHERAN SCHOOL -STUDENT EMERGENCY CARD

(First) (Middle) (Last)

Student's Name _____Grade_____

Address_____, City_____Zip_____

County_____, School District_____D.O.B._____

Parent(s)/Guardian

Father's Name_____Phone_____ - _____
(daytime) (evening)

Father's Address_____ _

Mother's Name_____Phone_____ - _____
(daytime) (evening)

Mother's Address_____

Cell # & Carrier: Father _____ Mother_____ _

Email Address: _____

Names & phone #'s of two friends/relatives available to respond if you cannot be reached when your child is ill.

_____/_____/_____
(Name) (Address) (Phone)

_____/_____/_____
(Name) (Address) (Phone)

_____

If no one **(on the reverse side)** can be contacted, what do you wish the school to do if the child is sick or injured?_____

Is your child allergic to any medication or foods? _____ If so, what_____

Does your child have any known health problems? ____ If so, what? _____

_____

A copy of the child's immunization record must be on file at the school.

Name & Phone # of Family Physician:_____

Date of last Physical exam: (within the last two years)_____

Name & Phone # of Family Dentist:_____

Date of last Dental exam: (within the last year) _____

Medical Insurance: ____ yes ____ no; Type: ____ private, ____HMO, ____ MC+ or Medicaid

Has your child ever been tested for Lead Poisoning? ____ yes ____ no

_____
(Parent or Guardian) (Date)