

Trinity Lutheran School
Parental Permission & Emergency Information form
2011-2012

Student's Name: _____ **Grade:** ____ **Date of Birth** _____

Teacher's Name: _____

Please list any medications student is currently taking:

Does your child have any unusual health conditions? ___ Yes ___ No Circle all that apply:				
Arthritis	Wears glasses	Diabetes	Heart	Fractures
Asthma	Sight impairment	Internal irregularities	Deafness	Surgical
Kidney/Bladder	Convulsive seizures	Bee Sting Allergy	Other Allergy: _____	
Physical handicap (describe) _____				
Other: _____				
List all food allergies:				

Has this child received a tetanus booster in the last 5 years? _____

Medical Insurance Company: _____

Insurance Policy Number: _____

Family Doctor: _____ Office Phone: _____

Contact Information:

Mother's name: _____

Daytime phone numbers:

Home: _____ work: _____ cell: _____

Father's name: _____

Daytime phone numbers:

Home: _____ work: _____ cell: _____

Person to contact if parents are not available.

Name: _____

Daytime phone numbers:

Home: _____ work: _____ cell: _____

I give permission for the child listed above to participate in field trips and athletic events held away from Trinity during the 2011-2012 school year. In the event of any emergency I authorize a responsible adult representative of Trinity Lutheran School to seek medical assistance for my child.

Signed: _____ Date: _____