



EMERGENCY CARD

20 __ - 20 __

TRINITAS
A C A D E M Y

Certified by FLOCS # 14393

Student's Name: _____ Grade: _____

(Last)

(First)

MI

Address: _____

(Street)

(City)

(Zip)

Home Phone: _____ Is someone usually at this number during the day? ___ Yes ___ No

Father's Name: _____ Employer: _____ Work Phone: _____

Position: _____ Cell Phone: _____

Mother's Name: _____ Employer: _____ Work Phone: _____

Position: _____ Cell Phone: _____

If parents cannot be contacted call: _____ Phone: _____

If the above cannot be contacted call: _____ Phone: _____

Child's Physician: _____ Phone: _____

Physician's Address: _____

(Street)

(City)

(Zip)

I

Please list your child's known allergies, special medical condition (such as asthma or chronic illness) and continued medications.

Persons Permitted to Remove Child from School 20__ - 20__

The following people are permitted to remove my child from Trinitas Academy

Please update this information in the office as necessary throughout the year.

Persons Permitted to remove child from Trinitas Academy:

Mother :Yes ___ No ___ Father: Yes ___ No ___ Will your child Car Pool? Yes ___ No ___

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Please pick a confidential PASSWORD, which will be used to identify YOU or a designated party you wish to identify to pick up your child. Do not give this PASSWORD out to anyone, unless you wish for them to have permission to remove your child from school. No one will be able to remove your child from school without this PASSWORD.

PASSWORD: _____

ENTRANCE CODE: _____

Parent Signature: _____ Date: _____