Trinity Catholic Academy Brockton
Confidential Student Emergency Information Form

Date_____

Grade_____ Room_____

Student's Name_____ Birth Date_____

Last First Middle Place of Birth_____

Address_____ Home Tel. ( ) _____

City/Town_____ MA Zip _____

Emergencies such as a sudden illness or accident often occur at school. In the event of an emergency, your child will be transported to the nearest local hospital.

Please complete the following information:

_____ _____ _____ _____ ( )

Mother's/Guardian's Name Address City/Town Zip Cell Tel.

_____ _____ _____ _____ ( )

Father's/Guardian's Name Address City/Town Zip Cell Tel.

Child lives with Both ( ) Father ( ) Mother ( ) Guardian ( )

Mother's/Guardian's Occupation _____ Place of Employment_____

Address_____ City/Town _____ Tel. ( ) _____

Father's /Guardian's Occupation _____ Place of Employment_____

Address_____ City/Town _____ Tel. ( ) _____

Please arrange for **<u>three other</u>** responsible adults to care for your child in the event that you cannot be reached.

Name_____ Address_____

City/Town _____ Tel. ( ) _____

Name_____ Address_____

City/Town _____ Tel. ( ) _____

Name_____ Address_____

City/Town _____ Tel. ( ) _____

Please indicate if there are any parental restrictions (e.g., current retraining order)

_____

Please indicate if your child has had Chicken pox ___ German measles ___ Tuberculosis ___

Please indicate if your child wears Hearing aid(s) ___ Glasses ___ Dentures or partial plates ___

List any **medications**, or **chronic health conditions** such as eye or ear problems, heart disease, diabetes, asthma, allergies*****, seizure disorder, etc.

Explanation _____

_____

***Indicate all allergies** (be specific) _____

Physician's Name_____ Address_____ Tel. ( ) _____

Health Insurance_____ Policy # _____ Group # _____

Has your child had a physical exam within last two years __ yes __no Date_____

Last dental visit Date_____

I give permission for the School Nurse to share medical information with the appropriate school personnel and to contact my child's physician as necessary.

Signature of Parent/Guardian_____ Date_____

List other children living in the home.

First Name	Last Name	Date of Birth	Name of School	Grade

8/2009