

Trinity Academy

Caldwell, NJ

STUDENT EMERGENCY CARD

School Year _____ Teacher _____
Student's Name _____ Grade _____
Student's Social Security Number _____ Date of Birth _____
Home Address _____ Home Phone _____
Name of Mother or Guardian _____ Occupation _____
Place of Employment _____ Phone _____
Address _____
Name of Father or Guardian _____ Occupation _____
Place of Employment _____ Phone _____
Address _____
Cell Phone (Mother) _____ Cell Phone (Father) _____
Email: _____ **In the event neither parent can be reached.**

Please list two people:

Name _____ Relationship _____
Phone (Home) _____ (Work) _____
Name _____ Relationship _____
Phone (Home) _____ (Work) _____

If your child had any of the following during the summer, please explain and give dates. Thank you.

Immunizations _____	Family Doctor or Clinic _____
Communicable disease _____	
Accident _____ Hospitalization _____	Phone # _____
Eye Exam _____ Date _____	
Ear Exam _____ Date _____	
Surgery _____ Date _____	Health Insurance Plane: _____

Does your child NOW

Wear glasses? _____ for reading? _____ distance? _____ both _____	ID # _____
Need special seating on order to see? _____ hear? _____	
Need medication? _____ What? _____ When? _____	
Have allergies? _____ What foods? _____ What drugs? _____	Significant Health Problem: _____
Have a serious reaction to insect stings or other allergies? _____	
Have allergies which require medication? _____	
What medication? _____	
Have a possible hearing loss? _____	

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his instructions and/or call emergency service.

As parent/guardian of the above named student, I hereby authorize the release of pertinent medical information (medical conditions, allergies, and/or medication regimes) to be exchanged among appropriate professional staff involved in the care of the above student.

Hospital of choice:

Phone # _____

Date

I hereby give permission that in the event of an emergency
Child's name _____
MAY be taken to the hospital for treatment. The hospital may administer emergency medical treatment if it is necessary.

Parent/Guardian Signature