

FAMILY HEALTH and EMERGENCY INFORMATION

Trinity Lutheran School
Orlando, Florida
2009-2010 School Year

Please return form to school by Parent's Night

Parent/Guardian Information

| | |
|------------------------------------------------|----------------------------|
| Mother's Name: _____ | Home Phone: _____ |
| | Office Phone: _____ |
| | Mobile Phone/Beeper: _____ |
| | Email Address: _____ |
| Other legal guardian (i.e. step parent): _____ | Home Phone: _____ |
| Relationship: _____ | Office Phone: _____ |
| | Mobile Phone/Beeper: _____ |
| | Email Address: _____ |

| | |
|------------------------------------------------|----------------------------|
| Father's Name: _____ | Home Phone: _____ |
| | Office Phone: _____ |
| | Mobile Phone/Beeper: _____ |
| | Email Address: _____ |
| Other legal guardian (i.e. step parent): _____ | Home Phone: _____ |
| Relationship: _____ | Office Phone: _____ |
| | Mobile Phone/Beeper: _____ |
| | Email Address: _____ |

Emergency contact person (other than parents):

Name: _____ Relationship: _____ Phone number: _____

Name: _____ Relationship: _____ Phone number: _____

Persons authorized to pick up child (other than parents and does not include emergency contact person unless indicated):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Please indicate any special circumstances that school should be made aware of:

(Additional information on back)

Student Information

List each student in family separately

Student Name: _____ Grade: _____

Health Problems/Allergies/Limited Activities (please explain): _____

Current Medications child is taking _____

Doctor Name: _____ Phone: _____

Hospital: _____ Insurance Co./Policy Number: _____

My child may take (indicate dosage): Children's Tylenol:_____ Acetaminophen/Tylenol:_____ Benadryl (for emergency only) _____

Student Name: _____ Grade: _____

Health Problems/Allergies/Limited Activities (please explain): _____

Current Medications child is taking _____

Doctor Name: _____ Phone: _____

Hospital: _____ Insurance Co./Policy Number: _____

My child may take (indicate dosage): Children's Tylenol:_____ Acetaminophen/Tylenol:_____ Benadryl (for emergency only) _____

Student Name: _____ Grade: _____

Health Problems/Allergies/Limited Activities (please explain): _____

Current Medications child is taking _____

Doctor Name: _____ Phone: _____

Hospital: _____ Insurance Co./Policy Number: _____

My child may take (indicate dosage): Children's Tylenol:_____ Acetaminophen/Tylenol:_____ Benadryl (for emergency only) _____

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____