

Trinity Catholic Academy Emergency Form

(Please Print Clearly)

Child 1	_____	_____	_____
	Child's Last Name	Child's First Name	Grade
Child 2	_____	_____	_____
	Child's Last Name	Child's First Name	Grade
Child 3	_____	_____	_____
	Child's Last Name	Child's First Name	Grade
Child 4	_____	_____	_____
	Child's Last Name	Child's First Name	Grade

Student lives with: *(check all that apply)*

- | | | |
|--|--|--|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Mother Only | <input type="checkbox"/> Father Only |
| <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Mother/Stepfather | <input type="checkbox"/> Father/Stepmother |
| <input type="checkbox"/> Divorced, Joint Custody | <input type="checkbox"/> Other: | <input type="checkbox"/> Relative: |

Father's Name: _____
Home Phone #: _____
Cell Phone #: _____
Email: _____
Address: _____
City/Zip: _____
Place of Work: _____
Work Phone: _____
Parish: _____

Mother's Name: _____
Home Phone #: _____
Cell Phone #: _____
Email: _____
Address: _____
City/Zip: _____
Place of Work: _____
Work Phone: _____
Parish: _____

If parent cannot be reached in the event of sickness or injury, please call:

Name	Relationship	Home Phone	Cell Phone

Please note below any information that would be helpful to an attending physician, such as allergies, medications, physical impairments, etc. If there is food allergy or bee sting allergy, please indicate what action should be taken in the event of a reaction.

Signature of Parent/Guardian	Date
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