

*Holy Trinity Catholic School*  
**EMERGENCY CONTACT INFORMATION**

GRADE: \_\_\_\_\_

SCHOOL YEAR: \_\_\_\_\_

STUDENT \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS \_\_\_\_\_ HOME PHONE (\_\_\_\_\_) \_\_\_\_\_  
(Street) (City) (Zip)

PUBLIC SCHOOL DISTRICT \_\_\_\_\_

PRIMARY E-MAIL ADDRESS(ES) \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ FATHER'S WORK # (\_\_\_\_\_) \_\_\_\_\_ CELL #(\_\_\_\_\_) \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ MOTHER'S WORK # (\_\_\_\_\_) \_\_\_\_\_ CELL #(\_\_\_\_\_) \_\_\_\_\_

If parents cannot be reached, call: (Neighbor, Relative, etc.)

NAME: \_\_\_\_\_ PHONE # (\_\_\_\_\_) \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE # (\_\_\_\_\_) \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE # (\_\_\_\_\_) \_\_\_\_\_

**SPECIAL HEALTH CONCERNS (MEDICATION, ALLERGIES)** \_\_\_\_\_

.....  
In the event that either parent cannot be reached, I give my permission to the school to contact the family physician and/or take the child to the hospital should medical attention seem advisable. Also, I agree to pay all costs from such action.

PARENT'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_