

Trinity Catholic Middle School
948 Newfield Avenue
Stamford, CT 06905

School Year 2009-2010

EMERGENCY INFORMATION

This is an important document. Please print legibly.

Student's Name _____ Date of Birth _____
Last First

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Caregiver _____ Phone _____

Mother _____ Work _____ Cell _____

Father _____ Work _____ Cell _____

The preferred contact number is _____

In the case of an emergency, list three names of the persons who could be contacted if the parents are not available.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

In the event of an emergency and none of the persons listed on this form are available, I authorize Trinity Catholic Middle School to take my child to a hospital, doctor's or dentist's office for emergency care. Signature _____

Medical Doctor _____ Phone _____

Dentist _____ Phone _____

Health/Medical Problems: _____

Allergies _____

Insurance carrier _____ Primary policy holder _____

Identifying Number _____

OVER

Emergency Information

When students are in school and must be dismissed earlier than usual due to inclement weather, loss of electrical power or heat, or any other emergency in the school building, we must notify parents/guardians of each child. Frequently we are unable to reach a responsible party and other arrangements must be made. Please read the form carefully and indicate your preference in dealing with an unscheduled dismissal.

____ If I cannot be reached in an emergency, I understand that the name provided on the other side of this form will be contacted. These emergency contacts are authorized to allow my child to be transported by bus or they may pick up my child at TCMS. If no one can be reached, I understand that I am responsible for picking up my child from school within ____ hours of dismissal.

If your child is transported by car

Call me at _____ or _____ and I will come to TCMS to pick up my child.

If your child is transported by bus

____ My child has permission to use the bus transportation because he/she has a key to our home and it is NOT necessary to contact me.

____ My child has permission to use the bus transportation because he/she has a key to our home. Please call me at _____ or _____ to inform me of the situation.

____ please call me at _____ or _____ before permitting my child to board the bus. If I cannot be contacted and the bus leaves, I will be responsible for picking up my child.

TRINITY CATHOLIC MIDDLE SCHOOL MUST BE NOTIFIED WHENEVER THERE IS A CHANGE IN THE CONTACT INFORMATION OR MEDICATION.

Mother's/Guardian's Signature _____ Date _____

Print Name _____

Father's/Guardian's Signature _____ Date _____

Print Name _____