



Trinity School at Greenlawn
Emergency Information and General Permission Form 2013-14



Address _____
Address _____
Phone: _____ - _____ - _____
(To be published in directory)

Student Name: _____
Student Name: _____
Student Name: _____
Student Name: _____
Student Name: _____

Parent's/Guardian's Name(s)

Father: _____ Cell Phone: ____/____/____ E-mail: _____
Father's Place of Employment _____ Work Phone: ____/____/____
Mother: _____ Cell Phone: ____/____/____ E-mail: _____
Mother's Place of Employment _____ Work Phone: ____/____/____

► In case my child becomes ill or is injured at school and parents cannot be reached, please call:

Contact Name and relationship (PLEASE PROVIDE NAME)

Phone (include area code)

Medical Information

All prescription & long term non-prescription medications to be given at school require an order from your physician.

Physician Name

Name of Health Insurance

Hospital of Choice:

Allergies (bee sting, food, medication, latex, pollens) (Please fill in Epi Pen and allergic reaction form)

Medical Conditions (asthma, ADD/ADHD, diabetes, seizures, chronic conditions, etc.)

Medications (list all medications your child is on, and star[*] the ones given at school.

Student and medication

Student and medication

Student and medication

Student and medication

Student and medication

Non-prescription Pain Medication Self-Administration Permission

My student has permission to **self administer non-prescription pain relief**, subject to the conditions below (Trinity School does not supply medication): The student is knowledgeable in proper dosage, use, and administration. ~Student may not possess medication containing ephedrine or pseudoephedrine (i.e. Sudafed). ~Student may **not** share medication with other students.

~ The non- prescription pain medication must be accompanied by a signed note from the parents. ~ Medication should be in original container. If these rules are abused, the school may revoke this privilege.

Parent Initials

Yes____
No____

Permission to Participate—My Child/ren

has/have my permission to participate in all the activities (field trips, field day, etc.) of Trinity School from August 20, 2013 to August 19, 2014. In the event of a medical emergency, I authorize my child's teachers or adult supervisor to act on my behalf in providing, arranging and consenting to medical care. I understand that Trinity School does not provide insurance coverage for field trips. Therefore, I assume responsibility for any medical expense, personal injury or other loss sustained by my child, and I agree to hold harmless and indemnify Trinity School at Greenlawn from any such loss or liability. Transportation on field trips is provided by Trinity School. Trinity School does not provide transportation on field day.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____