



Trinity Presbyterian School



Wildcat Club Emergency Information

(Please Print)

_____ M F _____
 Child's Full Name Name goes by DOB Entering Grade

PHYSICIAN INFORMATION

 Name of Primary Physician Phone

Please provide your child's health insurance information below (Company, policy, and group number)

Please list all medications and dosages your child takes on a regular basis:

Allergies/Special Diets:

Emergency Contact/Authorized Pick-up

 Name Phone Number

 Name Phone Number

 Name Phone Number

Please notify the school in writing with any changes that may occur in the school year.

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow their instructions. If it is impossible to contact the physician, the school may take whatever arrangements the school deems necessary and the school is hereby granted a power of attorney to consent to such treatments as it deems necessary in such event. This grant shall be deemed a durable power of attorney and shall be unaffected by my death, disability or incapacity.

(You must sign and date this in the presence of a Notary Public. Linda Helms in the Lower School office is a notary for your convenience. Notary acknowledgement on 2nd page)

Date _____
 Signature of Parent or Guardian

State of Alabama
County of Montgomery

Subscribed and sworn before me this _____ day of _____ 20_____.

NOTARY PUBLIC

Notary Seal