

**Trinity Lutheran Church & School**  
*2018-2019 School Year*  
**Emergency Contact Form & Field Trip Permission Slip**

\_\_\_\_\_ has my permission to attend all field trips arranged by Trinity Lutheran School or  
*(Child's Name)*  
Pioneers throughout the school year and to ride with volunteer driver or by bus transportation.

\_\_\_\_\_  
*(Parent Signature)*

Parents Names \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_

Dad Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Dad Cell \_\_\_\_\_

Mom Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Mom Cell \_\_\_\_\_

Dad Email \_\_\_\_\_

Check box if you wish not to have Email included in School Directory.

**Must have at least one  
email listed for school  
updates, financial  
information, and other  
office/teacher use.**

Mom Email \_\_\_\_\_

Check box if you wish not to have Email included in School Directory.

*(Please list at least one other Emergency Contact Person.)*

Emergency Contact Person \_\_\_\_\_ Phone and/or Cell Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone and/or Cell Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone and/or Cell Phone \_\_\_\_\_

Child's Physician and Phone \_\_\_\_\_

Child's Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Allergies \_\_\_\_\_

Is your child on any regularly scheduled medications at this time? Please list them.

\_\_\_\_\_

Anything else we should know to best treat your child in case of an emergency?

\_\_\_\_\_

\_\_\_\_\_

I certify that I carry Auto Insurance: Policy Number \_\_\_\_\_ Insurance Company \_\_\_\_\_