

Trinity Lutheran Church & School
2019-2020 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 _____