

Blessed Trinity Regional Catholic School... P.M. Cares

STUDENT INFORMATION/ EMERGENCY FORM

NAME(S) OF CHILD/REN: \_\_\_\_\_ GRADE(S) 2018 - 2019 \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PARENTS'/ GUARDIANS:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE NUMBERS IN CASE OF EMERGENCY:

HOME: (      ) \_\_\_\_\_

CELL: (      ) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

NAMES OF PEOPLE AUTHORIZED TO PICK UP CHILD:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

\*\*\*I.D. WILL BE REQUIRED FOR ALL AUTHORIZED PEOPLE\*\*\*

\*\*\*PLEASE LIST ANY FOOD ALLERGIES OR MEDICAL CONDITIONS ABOUT WHICH WE SHOULD BE AWARE\*\*\*

\_\_\_\_\_  
SCHOOL EMERGENCY EARLY DISMISSAL PLAN (EVERY CHILD MUST HAVE A PLAN.) LISTEN TO KYW FOR LATEST INFO.

\_\_\_\_\_  
PARENTS'/ GUARDIANS' SIGNATURE: \_\_\_\_\_