TRINITY SCHOOL AT RIVER RIDGE

Emergency Information and General Permission 2023-2024

Student Information:

Last Name:_____ First Name:_____Middle Name:_____

Preferred Name: _____ Date of Birth: _____ Grade: _____

Student Home Address:_____

Student City, State, Zip: _____

Parent/Guardian	*Parent/Guardian*
Name: _____	Name:_____
Cell #_____ Work#_____	Cell#_____ Work#_____
Employer: _____	*Employer*: _____

*******Please provide alternate contacts in case we are unable to reach you.*******

Alternate Contact # 1	**Alternate Contact # 2**
Name:_____	Name:_____
Relationship:_____	Relationship:_____
Phone # _____	Phone #

* ****Medical Information: Please complete the information below****

Note: All prescription and long-term medications to be given at scool require an order from your child's physician.

Physican's Name/Clinic: _____*Phone #*_____

List All Allergies: *such as bee sting, food, medication, latex, pollens, etc.*	**Medical Conditions**: *such as Asthma, ADD/ADHD, diabetes, seizures, chronic conditions etc.*	**Medications**: *List all medications your child is currently taking and star* the ones to be taken at school.*

Non-prescription Pain Medication Self Administration for 7-12th Grade students only:

My 7th-12th grade student has permission to self-administer non-prescription pain relief, subject to the conditions below:

-Medication is in original container and student is knowledgeable in proper dosage, use and administration.
-Student may not possess medication containing ephedrine or psudoephedrine (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 parent
-So if these rules are abused, the school may rebuke the privilege.

Parents/Guardians of 7th-12th grade students only:

☐ **YES** ☐ **NO**

Parent/Guardian Initial:_____

NOTE: 6th Grade students are not allowed to self-administer prescription OR non-prescription pain medications.

6th Grade Parent

Parent/Guardian Initial:_____

Permission: My Child, _____
has my permission to participate in all the activities of Trinity School from **August 21, 2023 to August 19, 2024.** I agree not to hold Trinity School, its faculty, other adult chaperones or sponsors liable in case of accident involving my child. The faculty of Trinity School has my permission to seek any necessary emergency treatment and to adminsiter first aid as needed for my child during these activities.

Parent/Guardian Signature(s):

Signature: _____ *Date:*_____

Signature: _____*Date:* _____

If needed, list additonal medical information below: