

✦ TRINITY LUTHERAN SCHOOL ✦

940 Creston Rd. Paso Robles, CA 93446 Phone: 805-238-0335

www.trinitypaso.com school@trinitylutheranpaso.org

ID & EMERGENCY INFORMATION 2024/2025

Student Name: _____ Grade: _____ Birth Date _____
Last Middle First

Mailing Address: _____ City _____ State _____ Zip Code _____

Physical Address: (if different from mailing address) _____ City _____

Parent/Guardian Email Address: _____ Alternate Email: _____

AUTHORIZED PICK-UP & EMERGENCY CONTACTS

Please include all persons who may be called in an emergency & authorized to pick the student up from school. **List parents/guardians first**, and at least **three** additional names and numbers of authorized persons to contact in case of an emergency. Student will not be allowed to leave with unauthorized persons. **This list should be in order of whom to call 1st, 2nd, 3rd, etc.** If cell, & work/home are the same numbers leave subsequent blank. When more than one parent/guardian has parental rights, signatures validate agreement as both parties must agree upon this contact list.

NAME	RELATIONSHIP	CELL PHONE	WORK/HOME PHONE
Parent/Guardian #1		()	()
Parent/Guardian #2		()	()
#3		()	()
#4		()	()
#5		()	()

Mother/Guardian Signature _____ Father/Guardian Signature _____

Custody Restrictions/Orders: (legal documentation must accompany request and be kept updated at all times)

In cases where more than one parent/guardian has rights, all signatures must appear with custody restrictions/orders.

MEDICAL CONTACT INFORMATION	PHYSICIAN	DENTIST
Name		
Address & City		
Medical Plan & Number		
Telephone		

If physician cannot be reached, what action should be taken? Call emergency hospital Other, explain

MEDICAL INFORMATION

Chronic Illness or Disability	
Medication Required	
Special Equipment/Services Required	
Special Accommodations Requested	
Allergies	
Other Important Medical Information	