

Please fill out in entirety return to the office ASAP
Use the back of this form for additional information.



Family Name _____

2018-2019 Contact Information & Emergency Medical Information Form

STUDENT Names & Grades _____

Mailing Address _____

Physical Address _____

Cell Phone (Name/ Number): _____

Email (Name/Address): _____

MOM/Guardian Name _____ Email _____

Mailing Address _____

Physical Address _____

Phone: HOME _____ CELL _____ WORK _____

Employer _____ Employer Address _____

DAD/Guardian Name _____ Email _____

Mailing Address _____

Physical Address _____

Phone: HOME _____ CELL _____ WORK _____

Employer _____ Employer Address _____

Please list cell phone carrier (Verizon, US Cellular, etc) next to each cell number above to receive text alerts.

EMERGENCY CONTACT INFORMATION *Person other than parent or guardian to be reached in case of emergency.*

Name _____ Relationship: _____ Best Phone _____

Name _____ Relationship: _____ Best Phone _____

MEDICAL/DENTAL CONTACT INFORMATION

Insurance Provider and Policy Information _____

Primary Physician Name _____ Phone _____

Dental Provider Name _____ Phone _____

PEOPLE AUTHORIZED TO PICK UP YOUR CHILD- See back for additional people

Name _____ Relationship: _____ Best Phone _____

Name _____ Relationship: _____ Best Phone _____

Name _____ Relationship: _____ Best Phone _____

CHILD ALLERGY INFORMATION and AUTHORIZATIONS/RELEASES- See back

DOES YOUR FAMILY ATTEND A LOCAL CHURCH?

YES _____ NO _____ NAME OF CHURCH _____

PEOPLE AUTHORIZED TO PICK UP YOUR CHILD

Name _____ Relationship: _____ Best Phone _____

Name _____ Relationship: _____ Best Phone _____

Name _____ Relationship: _____ Best Phone _____

Name _____ Relationship: _____ Best Phone _____

DOES YOUR CHILD HAVE ALLERGIES?

NAME OF CHILD _____ YES ___ Please list: _____ NO _____

NAME OF CHILD _____ YES ___ Please list: _____ NO _____

NAME OF CHILD _____ YES ___ Please list: _____ NO _____

NAME OF CHILD _____ YES ___ Please list: _____ NO _____

Does your child have diabetes? YES ___ NO ___

IF YES, PLEASE INDICATE CHILD'S NAME _____

Authorization and Release

I give permission for:

My name, address, telephone number and email to be published in the Triad directory and on Sycamore. Yes No

My child/children can be included in the school yearbook, class pictures, and other school photos. Photos may be published on Facebook and the school website. Student names may be included on social media. Yes No

My child(children) _____ to be taken on field trips or excursions by bus, van, or private motor vehicle, as well as on neighborhood walking excursions under required supervision. Yes No

In an emergency, Triad School has my permission to call an ambulance or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.

Parent/Guardian Signature: _____ Date: _____