Kolbe Academy & Trinity Prep

Emergency Card

Year-

Grade-

Last Name First Name MI

Date of Birth

Street Address City State Zip

Father's Name Home Number Work Cell

Mother's Name Home Number Work Cell

Medical Information

Medical Insurance - Company/Number

Doctor Name/Address/Phone Number

Dentist Name/Address/Phone Number

Every effort will be made to notify you (the parents) in case of an emergency, however, if you cannot be reached please list two names below that Kolbe Academy & Trinity Prep can contact in your absence.

Emergency Contacts

Name/Address/Phone/Cell Phone

Name/Address/Phone/Cell Phone

Medical Conditions

Please describe any medical condition or allergies your child has, or medication he takes that the school should be aware of:

Kolbe Academy & Trinity Prep has my permission to administer ***(please check ALL medications allowed***)

l Ibuprofen (Advil) l Acetaminophen (Tylenol), or l Benadryl to my child as deemed necessary during school hours.

l Kolbe Academy & Trinity Prep ***DOES NOT*** have my permission to administer medication to my child.

l Kolbe Academy & Trinity Prep has my permission to seek a priest to administer sacraments to my child in case of serious illness or injury.

PERMISSION IS HEREBY GIVEN TO SEEK EMERGENCY MEDICAL TREATMENT/ADMINISTER MEDICATIONS/SACRAMENTS FOR THE ABOVE NAMED CHILD.

Date Signature of Parent or Guardian