

# Trinity Presbyterian School



## Camp Wildcat Emergency Information

(Please Print)

\_\_\_\_\_ M F \_\_\_\_\_  
Child's Full Name Name goes by DOB Entering Grade

### PHYSICIAN INFORMATION

\_\_\_\_\_ Phone \_\_\_\_\_  
Name of Primary Physician

Please provide your child's health insurance information below (Company, policy, and group number)

\_\_\_\_\_

Please list all medications and dosages your child takes on a regular basis:

\_\_\_\_\_

Allergies/Special Diets:

\_\_\_\_\_

Emergency Contact/Authorized Pick-up

\_\_\_\_\_ Phone Number \_\_\_\_\_  
Name

\_\_\_\_\_ Phone Number \_\_\_\_\_  
Name

\_\_\_\_\_ Phone Number \_\_\_\_\_  
Name

Please notify the school in writing with any changes that may occur in the school year.

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow their instructions. If it is impossible to contact the physician, the school may take whatever arrangements the school deems necessary and the school is hereby granted a power of attorney to consent to such treatments as it deems necessary in such event. This grant shall be deemed a durable power of attorney and shall be unaffected by my death, disability or incapacity.

**(You must sign and date this in the presence of a Notary Public. Linda Helms in the Lower School office is a notary for your convenience. Notary acknowledgement on 2nd page)**

Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

State of Alabama  
County of Montgomery

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

Notary Seal