



Triumphant Learning Center Emergency Consent Form 2011 - 2012

Office Use Only	
SAIS ID # _____	_____
Student ID# _____	_____
Updated: _____	By: _____

Child's Name _____ Grade _____

Date of Birth _____ Gender _____ Home Phone _____

Address _____

Father/Guardian _____

Home Phone _____ Cell Phone _____ Work Phone _____

Mother/Guardian _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact _____ Phone _____

Child's Doctor _____ Phone _____

Address _____

Child's Dentist _____ Phone _____

Address _____

Allergies/Medications/Health Conditions _____

Date of most recent Tetanus shot _____

Is your child allergic to penicillin No Yes

*By AZ law, your child will be tested for vision, hearing, height and weight. If you do not want your child tested, please stop by the office to complete the appropriate form.

1. It is the policy of Triumphant Learning Center to notify a parent/guardian when a child is ill or needs medical attention. Occasionally, we cannot contact parents/guardians and we need to get immediate medical assistance for the child. Our procedure is to take the child to the nearest emergency service.
2. Please sign the consent below so that we can take appropriate action on behalf of your child.
3. I hereby give consent for my child _____ when ill or injured to be taken to the nearest emergency center if I or my secondary contact cannot be reached.
4. I hereby give consent for my child _____ to receive medical treatment.

Date _____

Father/Guardian Signature _____

Mother/Guardian Signature _____