

# TCA High School Emergency Information

Transportation Note

Name of Student	Grade	Date of Birth
Address	Zip	Home Phone
Parent / Guardian Name	Work Phone	Cell Phone
Parent / Guardian Name	Work Phone	Cell Phone
Email Address: _____	Email Address: _____	
Family Physician		Phone
Family Dentist		Phone
Choice of Hospital		Phone
Chronic or Current Medical Problem(s): _____		

### Nearby relatives or neighbors to contact if parents can't be contacted:

1. _____ / _____	Relationship _____	Phone Number _____
2. _____ / _____	Relationship _____	Phone Number _____

### Non-Custodial Parent Mailing Address

Name _____	Phone Number _____	
Address _____		
City _____	State _____	Zip _____

# TCA High School Emergency Information

In case of an accident or a serious illness, I request the school to contact me. If the school is unable to contact me, I hereby authorize designated school personnel to call the physician indicated and to follow his/her instructions. If unable to contact the physician, designated school personnel may make whatever arrangements deemed necessary.

Parent/Guardian Name _____	Signature _____	Date _____
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