



Emergency Form
2017 Summer Enrichment Program

Student Participant Name: _____ **Age:** _____ **Date of Birth:** _____

Parent/Guardian Contact Information

Name _____ Daytime contact information _____

Evening contact information _____

Name _____ Daytime contact information _____

Evening contact information _____

Emergency contact person _____ Relationship to participant _____

Daytime contact information _____

Please list any allergies or special concerns about the participant:

My child, _____ has permission to participate in all activities of Trinity School's Summer Enrichment from June 19 – August 4, 2017. I agree not to hold Trinity School, its faculty, adult chaperones or sponsors liable in case of an accident involving my child. The faculty of Trinity School has my permission to seek any necessary emergency treatment and to administer first aid as needed for my child during these activities.

Parent Signature: _____ Date: _____