



Tree of Life Christian Preparatory School

A ministry of the Seventh-day Adventist Church

Emergency Contact

Child's Name: _____

Grade: _____

In case of emergency, if we cannot contact you please list two names of people whom we should contact. Please also include the name and phone number of a colleague who would know where you can be reached.

Name of Contact #1:	Phone #
Complete Mailing Address:	Relationship to Student:
Name of Contact #2:	Phone #
Complete Mailing Address:	Relationship to Student:
Colleague's name:	Phone #

Health Information

Doctor's Name:	Phone #
Office Mailing Address:	
Does your child wear: ___ Glasses? ___ Contacts? ___ Braces? ___ Retainers? ___ Hearing Aids? ___ Other?	
Please list any allergies your child has:	
In case of an allergic emergency, what specific action do we take?	
Date of last tetanus shot:	Medications needed:
Any special physical needs or limitations?	

"Tree of Life Christian Preparatory School admits students of any race, color, ethnic background, country of origin or gender; proffers all the rights, privileges, programs and activities generally available to students; and, makes no discrimination on the basis of race, color, ethnic background, country of origin or gender in administration of education policies, application for admission, scholarship programs, and athletic or extracurricular programs."

"Preparing young minds for eternity."