

FORM 4—Emergency Contact Information 2025-2026

Student's Name _____ DOB _____ Grade _____
Last First Middle

Primary Address _____ City _____ State _____ Zip _____

Primary Phone _____ 2nd Phone _____ 3rd Phone _____
☐ cell ☐ landline ☐ cell ☐ landline ☐ cell ☐ landline

In case there is an emergency and parents cannot be contacted, please list alternative relatives/persons (other than anyone listed on the family registration form) to contact:

Name _____ Relationship _____ Phone _____
☐ cell ☐ landline

Name _____ Relationship _____ Phone _____
☐ cell ☐ landline

Please list two neighbors or relatives who live nearby whom you agree to allow to have temporary care of your child if you cannot be reached (please make arrangements with people named below):

Name _____ Relationship _____ Phone _____
☐ cell ☐ landline

Address _____ City _____ State _____ Zip _____

Name _____ Relationship _____ Phone _____
☐ cell ☐ landline

Address _____ City _____ State _____ Zip _____

Blanket Medical Release

In case of an accident or serious illness, I request that Tri-State Christian Academy (TCA) contact me. In the event that I cannot be contacted or if the situation demands immediate attention, I give permission to TCA personnel to administer first aid. Also, I authorize the school to arrange for this student to be transported to the closest emergency room by ambulance if necessary and at my expense. I authorize medical personnel to perform the necessary care. Once admitted to the emergency room, I give permission for the necessary medical/surgery care.

This will be a blanket permit covering any and all outings, field trips, and events which my child(ren) may attend during the time enrolled at TCA. My signature also serves to indicate my willingness to take full medical responsibilities for the student(s) and to release Tri-State Christian Academy from this liability.

Medication

No medication may be brought to TCA or given without written permission from the custodial parent or guardian. All medication brought to TCA must be immediately taken to the office upon entering the school building and kept in its original labeled container. If medication is to be given on an extended basis, written permission from the family doctor and/or the custodial person must accompany the medication.

If a student has a need for over-the-counter medication (e.g., Tylenol, Benadryl, cough drops, etc.) he/she must bring a note from the parent, including instructions for dosage or in the original package. The note will remain in the office with the medication.

I, _____, understand TCA will call or text with requests to give my student any medication.
Signature of custodial person

Best number to call or text for medication permission _____
Prefer: ☐ call ☐ text