

(Please Print)

TCA Vital Student Information Form 2019-20

STUDENT INFORMATION

Student Name: _____ Date of Birth: _____ Grade _____

Parent/Guardian Name: _____ Landline Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Father Cell: _____ Work: _____ Email: _____

Mother Cell: _____ Work: _____ Email: _____

Student lives with: () both parents () Father () Mother () Grandparents () Guardian

Initial to permit student's picture to appear in the following:

____ Yearbook ____ Newspaper/media ____ TCA Website ____ TCA Marketing

STUDENT PICK UPS

The following persons may pick up student from school.

Name	Relationship	Car Make/Color
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY CONTACTS

1st - Name: _____ Relationship: _____

Landline Phone: _____ Cell Phone: _____

2nd - Name: _____ Relationship: _____

Landline Phone: _____ Cell Phone: _____

3rd - Name: _____ Relationship: _____

Landline Phone: _____ Cell Phone: _____

MEDICAL INFORMATION

Medications: _____

Allergies (including food/insects): _____

Medical Conditions: _____

Primary Care Physician: _____ Phone: _____

Health Insurance Carrier: _____

Group # _____ Policy # _____ Permission to treat? _____

Parent/Guardian Signature: _____ Date: _____