



# TRINITAS Classical School

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## STUDENT SAFETY FORM

Student Name \_\_\_\_\_

*(This information is confidential. Only the teachers and administration will be privy to this information unless you share it with others.)*

Does your child have any allergies? Yes No

Food Allergies \_\_\_\_\_

Drug Allergies \_\_\_\_\_

Other Allergies \_\_\_\_\_

What else do we need to know about your child's allergy? \_\_\_\_\_

\_\_\_\_\_

Are there any medications that you will make available to us in the event that your child would have a medical emergency, e.g. epi pen, asthma inhaler, etc?

Is your child on daily medication? Yes No

Medication and dosage \_\_\_\_\_

Are there any other medical issues of which your child's teacher should be aware? Please list

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Trinitas Classical School will not release students to anyone other than their custodial parents or guardians unless the student has written approval instructing us to do so. If you are having someone pick up your student, please send a signed note and instruct your designee to come to the school office with his or her driver's license so that we may release your child.

Are there any specific people you do not want your children released to?  
Please list:

\_\_\_\_\_

\_\_\_\_\_

Is there any other information you wish to share with us that would help insure your child's safety?