DATE:_____

Emergency Information

In case of emergency, it may be necessary to contact parents/guardians during a religious education session. To make it possible, please furnish us with the following information.

_____ _____
Student Last Name First Name Middle School Year

_____ _____
Address Home Phone

_____ _____
City/Town, State Zip Code

_____ _____
Father/Paternal Guardian Business Address Phone #

_____
Cell Phone #

_____ _____
Mother/Maternal Guardian Business Address Phone #

_____
Cell Phone #

If parent/guardian cannot be reached, the religious education personnel are authorized in the name of the parent, to obtain emergency ambulance service if necessary.

_____ _____
Date Signature Parent/Guardian

If we are unable to contact parents/guardians in emergency situations, it is important that we have other references (such as the family physician, local friends, or relatives) whom you authorize us to contact.

_____ _____
Physician's Name, Address Pone #

_____ _____
Local Friend or Relative's Name, Address Phone #

_____ _____
Local Friend or Relative's Name, Address Phone #

Is there any condition that limits your child's activity? Explain fully if child takes any medication daily. Is your child allergic to any medications? Is your child allergic to peanuts?

_____
_____
_____
_____
_____
_____