

## Emergency Information

This information must be filled out by the parent(s) / guardian and signed in the presence of the Religious Education Director, Parish Secretary or Pastor.  
While your child is in our care it is important for us to have the following information.

Who should we contact in case of emergency? (Phone numbers are to include home, office & cell with the area code)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone

(Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Occupation \_\_\_\_\_ (Work) \_\_\_\_\_

Is there any medical information that we need to know about your child? \_\_\_\_\_  
Yes or No

Is your child taking any medication \_\_\_\_\_ Explain please: \_\_\_\_\_  
Yes or No

---

What medication(s) is your child taking?

Is there a condition/disability that we should be aware of (regarding your child's health)?

If we are unable to contact you or the contact person, you designated as emergency contact; do you give us your authorization to provide appropriate medical action should your child require it, while attending a religious education class, retreat, or other activity connected with the Parish School of Religion Program? \_\_\_\_\_.

If so, which hospital would you prefer your child to be taken to \_\_\_\_\_.

Name of Doctor \_\_\_\_\_ Phone # \_\_\_\_\_.

Parent / Guardian Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Witnessed by \_\_\_\_\_