

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 _____