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 email address Home phone #

_____

Cell phone #

_____ _____

Mother/Maternal Guardian email address Home 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.

_____ _____

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 has any physical limitations we need to know about, as well as allergy issues.

_____

_____

_____