

Church of Our Lady of the Assumption
Office of Faith Formation

EMERGENCY INFO

Dear Parents:

As we all know, things change! To that end, we ask that EACH FAMILY fill out one Emergency Info form EVERY school year. In so doing, you insure that, should an emergency arise, we have the most up-to-date information.

All of this is done with one objective in mind—THE WELL BEING OF YOUR CHILD.

Date: _____

Family Name: _____

Address(es): _____ Town: _____

E-mail: _____

Father: Home Phone: _____ Mother: Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Beeper #: _____ Beeper #: _____

Work Phone: _____ Work Phone: _____

Other Emergency Contacts:

Name: _____ Relationship: _____ Phone(s): _____

Name: _____ Relationship: _____ Phone(s): _____

Are there any health issues we should be aware of?

Student's Name: _____ Health Issues: _____

Student's Name: _____ Health Issues: _____

Student's Name: _____ Health Issues: _____