



# Emergency Information

(This must be completed by all)

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Special medical conditions \_\_\_\_\_

Allergies \_\_\_\_\_ Seizures \_\_\_\_\_

Procedures to be followed if conditions present an emergency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## In Case of Emergency: Persons to Contact

Phone numbers to call in case of an emergency during our program (please list in primary order and print):

1. Contact \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Contact \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Contact \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Contact \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Contact \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor for emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of accident or illness, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize this representative to call other emergency contacts on this list. I also authorize this representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact the physician, the representative of the parish catechetical program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedure that has been state above.

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

\_\_\_\_\_  
Date