

Student Emergency Contact Form

Please fill out the form below with all of the requested information.

Family Last Name _____ Phone Number _____

Family Home Address _____

Mother's Name _____ Cell phone number _____

Father's Name _____ Cell Phone Number _____

Please list all children enrolled in the Faith Formation Program & any allergies, medical conditions, or special needs. Please indicate if there are none.

Please indicate if each child has any modifications in place in school that you think may benefit them in Faith Formation as well. Please include any other information that may help us ensure that each child has a positive experience this year.

If the parent cannot be reached, the following person should be contacted:

Name _____ Relationship _____

Phone Number _____ Alternate phone number _____

Doctor's Name _____ Phone number _____

The following people are authorized to pick up my child(ren) from Faith Formation:

In case of accident or illness, I request that the representative of the parish Faith Formation program contact me. If I am unable to be reached, I authorize the representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, the representative of the 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 procedures that have been stated above.

Signature

Date