

SAINT JOSEPH CHURCH

OFFICE OF FAITH FORMATION

FFASSISTANT@STJOSEPHNEWTON.ORG

973-383-8413

Emergency Contact Information 2020-2021

Student's name: (Last) _____ (First): _____

Faith Formation Grade (20-2021): _____ Date of Birth: / ____ / ____

Street Address: _____

City: _____ Zip: _____

IN CASE OF EMERGENCY, PLEASE CONTACT THE FOLLOWING PERSON(S):

Contact #1

Mother's name: _____

Cell: _____ Home: _____ Other: _____

Contact #2

Father's name: _____

Cell: _____ Home: _____ Other: _____

Contact #3

Name: _____ Relationship: _____

Cell: _____ Home: _____ Other: _____

Does your child have medical conditions or allergies? Yes No

If yes, please list all medical conditions and allergies: _____

Family Doctor's name: _____ Phone: _____

If in case of accident or serious illness and a representative from Saint Joseph Church is unable to contact me, I then hereby authorize them to call the physician indicated above and to follow the physician's instruction. If it is impossible to contact the physician, the church's representative may make whatever arrangements seem necessary.

NOTE: Please make sure that the Office of Faith Formation is immediately notified of any changes listed above. This is very important for the welfare of your child/ren in the event of a medical emergency!

Signature of Parent/Guardian

Date