

SEAS-Religious Education
RCIA, Adult Confirmation and RE Volunteer
911 – Medical Emergency Contact Form

PLEASE PRINT ALL INFORMATION

ALL Information is required

Adult's Information

Full Name: _____

Last

First

Address: _____ City: _____ St: _____ Zip: _____

Date of Birth: ____ / ____ / ____

Allergies: _____

Current Medications: _____

Cell# _____ Home # _____ Work # _____

Email _____

Information throughout the year is sent to you by email-please be sure your email is correct & legible

Emergency Contact Information

In case of emergency contact # 1: _____
Last First

Relationship to Person: _____

Phone #: _____ Cell #: _____ Work #: _____

In case of emergency contact # 2: _____
Last First

Relationship to Person: _____

Phone #: _____ Cell #: _____ Work #: _____

Doctor's Name: _____ Phone #: _____

In case of accident/emergency what hospital should the person be taken to: _____

Any other information that may be needed in case of an emergency: _____

Authorization of Treatment

I hereby give my permission to the medical personnel selected by the St. Elizabeth Ann Seton staff to order treatment and necessary transportation for myself. In the event I cannot be reached during this emergency, I hereby give my permission to the physician to secure and administer treatment including authorization for myself named above.

Name: (please print) Signature: Date: