

**FAITH FORMATION STUDENT'S CONTACT INFORMATION (2021-2022)**

**Please complete both sides of Form.**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  M  F Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**LEGAL AND CUSTODY INFORMATION**

*Please provide the Director of Faith Formation with all court orders if applicable.*

**Parent/Guardian (Please provide information on parent/guardian with whom the child lives.)**

1. Full Name: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
E-mail address: ( ) \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_  
Work No.: ( ) \_\_\_\_\_  
Relationship to child (please circle)    Mother    Father    Legal Guardian    Other (specify) \_\_\_\_\_
2. Full Name: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
E-mail address: ( ) \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_  
Work No.: ( ) \_\_\_\_\_  
Relationship to child (please circle)    Mother    Father    Legal Guardian    Other (specify) \_\_\_\_\_

**Information for Parent/Guardian with whom the child does NOT live if applicable.**

1. Full Name \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Work No.: ( ) \_\_\_\_\_  
Relationship to child (please circle)    Mother    Father    Legal Guardian    Other (specify) \_\_\_\_\_
2. Full Name \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Work No.: ( ) \_\_\_\_\_  
Relationship to child (please circle)    Mother    Father    Legal Guardian    Other (specify) \_\_\_\_\_

**List local relatives, neighbors, or friends who have your permission to assume temporary care of your child if you cannot be reached or to whom your child may be released for transportation**

Name: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_ Work/Cell No.: ( ) \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_ Work/Cell No.: ( ) \_\_\_\_\_  
Relationship: \_\_\_\_\_

**\*\*In case of an accident or serious illness, reasonable efforts will be made to contact the student's parent/guardian. If necessary, 911 will be called and the student will be taken to the nearest hospital according to the decision of emergency personnel.**

**STUDENT MEDICAL INFORMATION (2021-2022)**

Student Name: \_\_\_\_\_  M  F Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

**CURRENT MEDICAL CONCERNS**

*Please check below any health condition(s) your son/daughter may have:*

**No, my son/daughter has no chronic health conditions.**

**Yes, my son/daughter has chronic health conditions.**

**If “Yes”, a chronic health condition exists, please check all that apply.**

- ADD/ADHD       Epilepsy/Seizures       Orthopedic Disorder       Nosebleeds       Allergies  
 Cardiac Problems       Mental/Emotional Disorder       Asthma       Diabetes  
 Migraine Headaches       Hearing Loss       Concussion within one year  
 Other: Explain specific symptoms/response requirements.

Does he/she have any allergies/drug allergies?       Yes       No      If “Yes”, list: \_\_\_\_\_

NB Medication cannot be administered or taken during Faith Formation sessions. If a special circumstance regarding Medications is required, contact to the Director of Faith Formation directly.

**\*\*In case of an accident or serious illness, reasonable efforts will be made to contact the student’s parent/guardian. If necessary, 911 will be called and the student will be taken to the nearest hospital according to the decision of emergency personnel. \*\***

**Medication information to be provided to emergency personnel if needed.**

Does he/she take any medication on a regular basis?       Yes       No

If yes, please complete the following:    Name of Medication: \_\_\_\_\_  
Name of Medication: \_\_\_\_\_  
Name of Medication: \_\_\_\_\_  
Name of Medication: \_\_\_\_\_  
Name of Medication: \_\_\_\_\_

**\*Signature:** \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian

**\*Signature:** \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian

**Please complete both sides of form.**