

# Saint Kateri Tekakwitha Religious Education

## IN CASE OF EMERGENCY

### Persons to Contact If Parent/Legal Guardian Cannot Be Reached:

**Parent/Guardian Name** (PLEASE PRINT): \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email address:** \_\_\_\_\_  
(during class time)

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**Emerg. Contact (not parent):** \_\_\_\_\_ **Phone/Cell:** \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Doctor for Emergency: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

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

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**1<sup>st</sup> Child's Name:** \_\_\_\_\_

Special Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

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**2<sup>nd</sup> Child's Name:** \_\_\_\_\_

Special Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

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**3<sup>rd</sup> Child's Name:** \_\_\_\_\_

Special Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

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**4<sup>th</sup> Child's Name:** \_\_\_\_\_

Special Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

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**Procedures to be followed** (if above condition presents an emergency):

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 the physician indicated and to follow the physician's instructions. If it is impossible to contact this 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 procedures that have been stated above.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_