

## Emergency Contact Information Form

Parish Name \_\_\_\_\_

Parish Address \_\_\_\_\_  
\_\_\_\_\_

### Student Information

Name: \_\_\_\_\_

Class: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_

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

Legal Guardian's Name: \_\_\_\_\_

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

Special medical conditions: \_\_\_\_\_  
\_\_\_\_\_Procedures to be followed if above condition present an emergency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Person to contact in case of emergency if parents/ legal guardian cannot be reached:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Zip: \_\_\_\_\_

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

Doctor for emergency: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Zip: \_\_\_\_\_

In case of accident or illness, I request that the representatives 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.

If it is necessary that my child be taken from the building where catechetical sessions are held, I designate the following person(s) as having authority to do so in my place.

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

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: \_\_\_\_\_