

EMERGENCY INFORMATION 2019-2020

← DO NOT FILL IN →

CHILD'S NAME: _____ CATECHIST: _____ RM# _____ M T W
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Father / Mother / Guardian:

Name: _____ Home Tel.#: _____
Mom's Cell #: _____ Dad's Cell #: _____ Other Phone/Cell #: _____
Where do you work? : _____ Work #: _____

MEDICAL INFORMATION – (This is private information to be used by the catechists and office staff ONLY.)

Please specify which child has the following:

Do any of your children have problems learning (reading, ADD, etc)? [Please help us help your child]:

Is your child allergic to any food or other substances? (Specify):

Are there any physical conditions we should be aware of? (Comments / Special Instructions):

If Medical Care is Necessary, Call:

DOCTOR: _____ Tel #: _____

HOSPITAL Preference - (Circle one): **St. Joseph** **St. Mary** **Kino** **TMC** **UMC** **Northwest**

In case of an emergency, or I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

ADULTS ONLY

Name: _____

Name: _____

Tel #: _____ Relationship: _____

Tel #: _____ Relationship: _____

Name: _____

Name: _____

Tel #: _____ Relationship: _____

Tel #: _____ Relationship: _____

The following persons may **NOT** remove my child from the center. (Court order documents must be on file for Custody cases.)

Name: _____ Name: _____

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

All enrollment and emergency information was provided by: _____

PLEASE PRINT YOUR NAME

Parent / Guardian Signature: X _____ Date: _____