

# St. Anthony Faith Formation

## Family Emergency Card | 2025–2026

One card per family – Please print clearly.

Family Last Name:

\_\_\_\_\_ ( ) \_\_\_\_\_ ( )

Home Address

City/Zip

Cell Phone

Home Phone

\_\_\_\_\_ ( ) \_\_\_\_\_ ( )

Father – First Name (Last if different)

Cell Phone

Work Phone

\_\_\_\_\_ ( ) \_\_\_\_\_ ( )

Mother – First Name (Last if different)

Cell Phone

Work Phone

| Child's First/Last Name | Date of Birth | Current Grade | Behavioral Disorders | Allergies | Medications |
|-------------------------|---------------|---------------|----------------------|-----------|-------------|
|                         |               |               |                      |           |             |
|                         |               |               |                      |           |             |
|                         |               |               |                      |           |             |
|                         |               |               |                      |           |             |

Child(ren) lives with (circle all that apply): ☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Grandfather  
☐ Grandmother ☐ Guardian ☐ Other: *please identify:* \_\_\_\_\_

*EMERGENCY CONTACT INFORMATION: In the event of an emergency, we attempt to contact the parent/guardian first using the numbers listed above. If unable to reach parent, who should we call?*

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Phone Number: ☐ Cell ( ) \_\_\_\_\_ ☐ Home ( ) \_\_\_\_\_

List those authorized to pick up my child(ren) - Use other side if necessary

| Name  | Relation to Child | Cell Phone | Home Phone |
|-------|-------------------|------------|------------|
| _____ | _____             | ( ) _____  | ( ) _____  |
| _____ | _____             | ( ) _____  | ( ) _____  |
| _____ | _____             | ( ) _____  | ( ) _____  |

Parent/Guardian  
Signature:

Date