EMERGENCY MEDICAL/CONTACT INFORMATION
Must be completed and returned with registration form

FAMILY LAST NAME ______________________________ Date: ______________

Father's Name: ______________________ Mother's Name: ______________________

Best phone number to contact parent during the hours of the program. ______________________

LIST TWO EMERGENCY CONTACTS
NAME______________________________ CELL______________________
NAME______________________________ CELL______________________

Names of all children enrolled in St. Thomas-St. Joseph FAITH FORMATION Program

Name: ______________________ Grade in Rel. Ed. Program______ Date of Birth: ________

Name: ______________________ Grade in Rel. Ed. Program______ Date of Birth: ________

Name: ______________________ Grade in Rel. Ed. Program______ Date of Birth: ________

Name: ______________________ Grade in Rel. Ed. Program______ Date of Birth: ________

Name: ______________________ Grade in Rel. Ed. Program______ Date of Birth: ________

Family Doctor for Emergency: ______________________________ Dr. Phone: __________

Address: ____

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 my emergency contacts. If they are unavailable, I give permission to contact 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.

I understand that in the event of an emergency where the parent/guardians or emergency contacts cannot be reached, members of the staff of St. Thomas-St. Joseph Faith Formation program have the authority to take my child/children from the building to seek medical assistance.

______________________________ ______________________

Parent/Guardian Signature **Date**