ST. JEAN BAPTISTE
RELIGIOUS EDUCATION PROGRAM

EMERGENCY INFORMATION RECORD 2019-2020

GRADE:_____

Last Name of Child_____ **First Name**_____

Name of Parent/Guardian_____ **Home Phone**_____

Home Street Address_____ **Zip**_____

Mother's Business Phone_____ **Mother's Cell Phone**_____
Father's Business Phone_____ **Father's Cell Phone**_____

Doctor for Emergency:_____ **Work Phone**_____
Cell Phone _____:_____
Address:_____

IN CASE OF EMERGENCY AND PARENT IS NOT AVAILABLE, CONTACT:*
***Please note, emergency contacts should live in close proximity to the school and be able to drive or make arrangements for the pickup of the child.**

1. **Name:**_____ **Address**_____ **Phone:**_____
   Relationship to child:_____

2. **Name:**_____ **Address:**_____ **Phone:**_____
   Relationship to child:_____

SPECIAL MEDICAL CONDITIONS:

☐ **Allergies** ☐ **Asthma** ☐ **Diabetes** ☐ **Other (explain)**
☐ **Epilepsy** ☐ **Heart Problems**
☐ **Recurring Illness** _____

Procedures to be followed if this condition becomes an emergency:
I understand that in case of an emergency, "911" will be called and an ambulance may be called by the Director of Religious Education or his/her designate.

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:_____