

2018-2019

**ST. JEAN BAPTISTE
RELIGIOUS EDUCATION PROGRAM
EMERGENCY INFORMATION RECORD**

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/Pager _____

Father's Business Phone _____ Father's Cell Phone/Pager _____

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: _____

3. Name: _____ Address: _____ Phone: _____

Relationship to child: _____

Allergies and other medical conditions:

Allergies Asthma Diabetes Other

(explain)

Epilepsy Heart Problems

Recurring Illness _____

Parent's Signature _____ Date _____

THERE WILL BE STRICT ADHERENCE TO THE RULE THAT YOUR CHILD(CHILDREN) WILL NOT BE RELEASED TO ANYONE NOT OFFICIALLY DESIGNATED ON THE EMERGENCY FORM.