

**ST. JEAN BAPTISTE  
RELIGIOUS EDUCATION PROGRAM**

**EMERGENCY INFORMATION RECORD 2023-2024**

**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:**

- |  |   |                                   |  |
|--|---|-----------------------------------|--|
| <input type="checkbox"/> Allergies         | <input type="checkbox"/> Asthma         | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other (explain) |
| <input type="checkbox"/> Epilepsy          | <input type="checkbox"/> Heart Problems |                                   |  |
| <input type="checkbox"/> 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: \_\_\_\_\_