

## EMERGENCY INFORMATION FORM

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home phone #: \_\_\_\_\_ e-mail \_\_\_\_\_

Address: \_\_\_\_\_

Father/Guardian's full name: \_\_\_\_\_

Home address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother/Guardian's full name: \_\_\_\_\_

Home address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell #: \_\_\_\_\_

**Relative or friend to contact if unable to reach parent/guardian in the event of emergency:**

Name & Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Insurance is provided by which parent and/or place of employment? \_\_\_\_\_

Address and Phone Number of Company: \_\_\_\_\_

Medication (and dosage) my son/daughter is currently taking: \_\_\_\_\_

Other special considerations to be aware of (ie: allergies, medical conditions, etc...) \_\_\_\_\_

**In the event of an emergency, and if a parent or an emergency contact cannot be reached, the personnel at St. Helen's Religious education office are authorized to take my child to the following emergency facility:** \_\_\_\_\_

Located at \_\_\_\_\_

Emergency Phone number \_\_\_\_\_ Doctor \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_