

# Religious Education Emergency Information Form

2008–2009 Family Emergency Information for Holy Cross and Sts. Peter and Paul

Today's Date: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Children's names and date of birth:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother: \_\_\_\_\_  
*First Last (Maiden)*

Cell #: \_\_\_\_\_ Religion: \_\_\_\_\_

Father: \_\_\_\_\_  
*First Last*

Cell #: \_\_\_\_\_ Religion: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Name and Phone #: \_\_\_\_\_

Emergency Name and Phone #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Parents living together? \_\_\_\_\_ Yes \_\_\_\_\_ No With whom do children live? \_\_\_\_\_

Is there anyone who has been restrained from picking up children? \_\_\_\_\_

In case of accident or serious illness, I request the parish to contact me. If I cannot be reached, I hereby authorize the parish to make whatever arrangements the circumstances allow.

It is understood and agreed that neither the parish, the teachers, nor the Catholic Diocese of Evansville is the insurer of my children's health and safety while they are at the parish or engaged in parish-supervised activities. I understand it to be my obligation to provide such insurance as I may desire to purchase to protect myself and my children against the cost of sickness or injury.

If any of the above-named children need emergency medical treatment, and neither a parent nor the designated family physician can be contacted, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

\_\_\_\_\_  
Father or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother or Guardian's Signature

\_\_\_\_\_  
Date