

St. Joseph Catholic Church & School
Religious Education & Child Care Emergency Information
2011-2012

Student (s) Name (s): _____

Phone numbers where parents could be reached:

Home: _____ **Mother's cell phone** _____ **Father's cell** _____

List two neighbors or nearby relative who will assume temporary care of your child if you cannot be reached.

Name _____ Home & cell phone number _____

Address _____

Name _____ Home & cell phone number _____

Address _____

In case of accident or serious illness, I request that the church Religious Education program contact me. If I am unable to be reached, I authorize the church to call the physician below and to follow his instructions. If it is impossible to contact this physician, St. Joseph Catholic Church & School may make whatever arrangements seem necessary.

Signature of parent of guardian _____

Date _____

Remarks:

Allergies (by child)

Other conditions (by child)

Local Physician's

Name: _____ Office & Emergency number _____