

**Emergency Care Form  
St. Stephen Martyr Religious Education  
2017-2018**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Last First MI

Child's Address: \_\_\_\_\_

Parents' Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Mother's Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If Parent cannot be reached, call: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Adults Authorized to pick up child: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Data: Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: Food: \_\_\_\_\_ Medicine: \_\_\_\_\_

Any medications taken on a regular basis: \_\_\_\_\_

Any special physical or medical problems: \_\_\_\_\_

**INSURANCE DATA:**

Name of Family Medical Insurance: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy # \_\_\_\_\_

**EMERGENCY AUTHORIZATION:** In the event I cannot be reached in an emergency, I hereby give permission to the teaching staff of St. Katharine's to take appropriate action to secure the safety and well-being of my child.

In case of accident or serious illness, I request the teaching staff of St. Katharine's Religious Education Program to contact me. If I cannot be reached, I hereby authorize St. Katharine's to contact a physician, and further authorize St. Katharine's to transport my child to the physician or hospital in case of an emergency. I understand I will assume the responsibility for any medical bills.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date