Emergency Care Form
St. Stephen Martyr Religious Education
2016-2017

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 AUTHORIZATON: 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