

EMERGENCY INFORMATION SHEET
Holy Redeemer Catholic Church

Student's Name _____
Student's Name _____
Student's Name _____
Student's Name _____

Home Phone # _____ Date _____
Cell Phone # _____ (Whose?) _____ Cell Phone # _____ (Whose?) _____
Family Name _____

Mailing Address _____
Last City Father State Zip Mother

Father's Business # _____ Mother's Business # _____

Physician _____ Phone # _____

Emergency Contact Person _____

Hospital Preference _____

Are parents living together? Yes _____ No _____

If not, with whom does child(ren) live? _____

**Is there anyone who by court order or decree is designated as the primary or sole custodial parent? _____ If so who? _____

**Is there anyone who has been restrained from picking up the children? _____ If so, whom? _____

**If you answered yes to either of the above, we must have a copy of the order or decree and a current photo of the person for whom the order is against.

I understand it is my responsibility to keep Holy Redeemer Parish Religious Education informed about such matters and to provide copies of relevant court orders and decrees to Parish Officials.

_____ (Initial)

MEDICAL INFORMATION

List any chronic or existing diseases or medical problems (diabetes, asthma, ADD, epilepsy, learning disabilities, etc.) List any medication your child takes regularly. List any instructions for care of the above if it becomes necessary while at Parish Religious Education activities.

Student's Name Grade Allergies Medications (and for what)

In case of accident or serious illness I request that Holy Redeemer Parish Religious Education contact me. If I cannot be reached, I hereby authorize Holy Redeemer Parish to make whatever arrangements the circumstances allow.

It is understood that neither the Parish, the officials of the Parish, the Catechists (teachers), nor the Diocese of Evansville is the insurer of my children's health and safety while they are at Parish activities or engaged in Parish supervised activities. I understand it to be my obligation to provide such insurance, as I may desire, to protect myself and my children against the costs of sickness or injury.

If 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.

Parent or Guardian Signature _____ Date _____