

EMERGENCY INFORMATION AND RELEASE FORM

~~ A separate form for each child is required ~~

Child's Name: _____ Site & Grade: _____ Birth Date: _____

Please list *any special needs: learning, cognitive or physical; medications, allergies, etc.* below:

In the event of serious illness or injury, when I cannot be reached, I wish one of the following persons to be notified. They are authorized to act in my absence, and will be informed that their names have been used on this form. In the event that no one can be reached, I authorize the Director of Religious Ed. or authorized supervising adult to seek medical help for my child. (Do not list parent or guardian; it must be someone nearby who can be reached quickly in your absence.)

1. _____
Name Phone Relationship
2. _____
Name Phone Relationship

In the event of serious illness or injury can we contact your family doctor or dentist? Yes () No ()

Doctor/Medical Group _____ Phone _____
Dentist _____ Phone _____

Parent/Guardian: _____
Print Name Signature Date

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Name Phone Relationship
4. _____
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