

Family Emergency Form 2011-2012

Please complete one form per family

Please Print

Family Last Name: _____

First Child's Name: _____

Please List Allergies - Special Need/ Health Issues _____

Second Child's Name : _____

Please List Allergies - Special Need/ Health Issues _____

Third Child's Name: _____

Please List Allergies - Special Need/ Health Issues _____

Fourth Child's Name: _____

Please List Allergies - Special Need/ Health Issues _____

Father's Name: _____ phone # _____ cell # _____

Mother's Name: _____ phone # _____ cell# _____

Parent E-mail: _____

Please list adult who will assume temporary care of your child if you can not be reached: (Please list two)

Name: _____ Relationship to child: _____

Home phone # _____ Cell # _____

Name: _____ Relationship to child: _____

Home phone # _____ Cell # _____

Family Doctor: _____ Doctor Phone: _____

Family Dentist: _____ Dentist Phone: _____

Emergency Hospital _____ Hospital Phone: _____

In **the event emergency treatment is needed, I give the hospital, its authorized personnel and/or physician permission to treat my son(s)/ daughter(s) as necessary** - and hereby authorize the staff of St. John Neumann Religious Education Program and Youth Ministry to contact directly the persons named on this form, and to authorize the name person(s) to render such treatment as deemed necessary in an emergency, for the health of my child.

Signature Parent/ Guardian

Date