

**OUR LADY OF MOUNT CARMEL PARISH  
FAITH FORMATION EDUCATION  
EMERGENCY INFORMATION  
2009– 2010**

Family's Last Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Mother's Cell Phone # \_\_\_\_\_ Father's Cell Phone # \_\_\_\_\_

Home Address \_\_\_\_\_  
ZIP CODE \_\_\_\_\_

If you wish to be called at work, please give business phone # and extension

\_\_\_\_\_ (Mother) \_\_\_\_\_ (Father)

In case of an emergency and we can not be reached, please release our children to:

| (NAME) | (PHONE #) | (RELATIONSHIP to Child) |
|--------|-----------|-------------------------|
| _____  | _____     | _____                   |
| _____  | _____     | _____                   |
| _____  | _____     | _____                   |

In a medical emergency, please contact Dr. \_\_\_\_\_,

Phone # \_\_\_\_\_ or the nearest Emergency Hospital.

Student's name \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_ Health Problems/Medication/s \_\_\_\_\_

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

**I understand that Faith Formation Education does not assume responsibility for a physician. In an emergency, Faith Formation Education personnel may choose a physician. In an emergency, I give Faith Formation Education Personnel permission to have my child receive medical treatment.**

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