

**OUR LADY OF MOUNT CARMEL PARISH
FAITH FORMATION EDUCATION
EMERGENCY INFORMATION
2011– 2012**

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