

EMERGENCY INFORMATION

Name of Physician: _____ Phone: _____

Address: _____ Insurance Plan: _____
No. _____
Group No. _____

Information regarding special needs/allergies/ regular medications/other physical conditions.

<u>Name of child</u>	<u>Special information</u>

Persons to be contacted in case of emergency:

First Choice:

Second Choice:

Name: _____

Relationship: _____

Home No.: _____

Work No.: _____

I, parent/guardian of the above child(ren), hereby consent to his/her/their attending Religious Education classes, and hereby release temporary custody of him/her/them to ST. ANTHONY CHURCH while in attendance. I also authorize ST. ANTHONY CHURCH or its representative to seek and obtain emergency medical care for my child(ren) during the period she/he/they is/are in custody of the church (if delaying such care would endanger life, cause disfigurement, physical impairment or undue discomfort).

Date: _____ Signed: _____
Parent or Guardian