

Complete for each enrolled child.

Blessed Teresa Faith Formation
Emergency Information (2009-2010)

Please Print It is important that this information is accurate as it will be available to the catechist if the need presents itself.

Child's Name Grade Date of Birth
Address City & Zip Home Phone

EMERGENCY CONTACT PERSON

Mother's Name Work Phone Cell Phone
Father's Name Work Phone Cell Phone

Email Address:

Alternate Contact Person

Please list below LOCAL persons (other than parent) who can be contacted and can assume temporary care of your child if you cannot be reached. (I.D. will be required.)

Name Phone Relation to child
Name Phone Relation to child

IF YOU HAVE MEDICAL INSURANCE, YOUR CARRIER WILL BE BILLED FOR MEDICAL CHARGES IN THE CASE OF ILLNESS OR INJURY.

Do you have health insurance? Yes ___ No ___

Name of Insurance Company Policy/Member No.

Subscriber's Name Group No.

Family Doctor's Name Address Phone No.

List any known allergies or existing medical conditions and medications/dosages currently being taking.

For More Than One Children, Please Fill Out Back
PARENT MEDICAL AND LIABILITY RELEASE STATEMENT

I understand that in the event medical intervention is necessary, every attempt will be made to contact immediately the persons listed on the Emergency Information Form. If I cannot be reached in an emergency during the 2009 - 2010 Faith Formation Sessions, I give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I understand all reasonable safety precautions will be taken at all times by Blessed Teresa's Parish and its agents during events and activities. I agree not to hold Blessed Teresa of Calcutta Parish, its leaders, employees and volunteers liable for damages, losses, diseases, or injuries incurred by the subjects of this form.

Parent/Guardian Signature: Date:

To be completed by office staff:
_M_Tu_W_Th
Catechist Name and Grade Level

please turn page and complete

Name of Additional Child/Children Registered At Blessed Teresa Faith Formation:
(This does not replace a separate emergency form which needs to be filled out for each child.)

Name _____ Grade _____

To be completed by office staff:

_____ __M__Tu__W__Th
Catechist Name and Grade Level

Name _____ Grade _____

To be completed by office staff:

_____ __M__Tu__W__Th
Catechist Name and Grade Level

Name _____ Grade _____

To be completed by office staff:

_____ __M__Tu__W__Th
Catechist Name and Grade Level

Name _____ Grade _____

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