

**ST. JOSEPH RELIGIOUS EDUCATION
EMERGENCY CONTACT FORM 2017-2018**

**This form must be completed every school year.
It is the parent's responsibility to submit any changes immediately to the
Religious Education Office.**

CONTACT INFORMATION:

Student's Name: _____
(First) (Last)

Father's Name: _____
(First) (Last)

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Mother's Name: _____
(First) (Last)

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Emergency Contact(s) if Parents Cannot Be Reached:

(Name) (Phone)

(Name) (Phone)

HEALTH INFORMATION:

Please list any medical conditions or allergies: _____

In case of an emergency, may we seek medical attention? _____

FAMILY INFORMATION:

Name of legal guardian(s): _____

Is there anyone *not* allowed contact with your child? _____

Who is authorized to pick up your child? _____

Signature of Parent/Guardian: _____ Date: _____