

STUDENT OR YOUTH EMERGENCY INFORMATION

PARISH/SCHOOL/DIOCESAN ENTITY: ST GALL CHURCH CITY: ELBURN

FAMILY NAME _____

Only ONE EMERGENCY INFORMATION form per family unit is necessary.

Full Name of Child	Sex	Date of Birth	Special Health Condition (describe) or Medication prescribed or Dietary needs, etc.

Home Address: _____ Phone: _____

Name of Mother/Guardian: _____ Place of Employment: _____

Mother's work number: _____ Cell Number: _____

Name of Father/Guardian: _____ Place of Employment: _____

Father's work number: _____ Cell Number: _____

If divorced, name of legal custodial parent: _____

Do Mother and Father have Joint Custody? (Y/N) _____

If custodial parent cannot be reached, may we contact non-custodial parent? (Y/N) _____

RESPONSIBLE ADULT(s) who have agreed to assume responsibility for child, if parent/guardian cannot be reached.

Name	Address	Phone	Relationship to Child

Physician of Choice: _____

Address: _____

Phone: _____

Hospital of Choice: _____

Address: _____

Phone: _____

If I, or responsible adult, and physician of choice, as indicated above, cannot be reached in an emergency and immediate medical and/or hospital attention is indicated I hereby authorize the transporting of my child to a hospital or physician for treatment.

Signature: _____

Print name: _____

Date: _____