

# EMERGENCY INFORMATION FORM / 2024~2025

A separate form must be completed for each child.

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Parish Name

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Child or Youth Full Name

**If a parent or guardian can't be reached in an emergency, please contact:**

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First and Last Name

Relationship to child or youth

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Emergency contact phone #

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Name of Family Doctor

Phone #

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Name of Family Dentist

Phone #

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Medical Insurance Carrier

Carrier Policy #

Group #

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Medical Insurance Address Information

Phone #

**List any medical condition which restricts physical activity or requires special attention or minor adjustments. Include conditions such as asthma or allergies (e.g. peanuts, bee stings, etc.) If none, please indicate "none".**

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Does your child or youth take any medications? /

Yes / *Sí* \_\_\_ No \_\_\_

If "yes", please provide a list.



## Earthquake or Disaster Release Information

This section must be completed for each child or youth by a parish staff or leader, in the event of an earthquake or other disaster.

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Name of Child or Youth #1

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Name of Child or Youth #2

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Name of Child or Youth #3

Was (were) released to:

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Date & Time: \_\_\_\_\_

Location to where the child(ren) or youth was taken:

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Parish staff or leader releasing the child:

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### PARENT OR GUARDIAN SIGNATURE

By signing this form, I understand that the parish does not assume responsibility for payment of physician. However, in an emergency the parish may choose a physician. In an emergency, I give the parish permission to have my child(ren) or youth receive medical treatment.

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Signature

Date

