

**OUR LADY OF MOUNT CARMEL PARISH  
FAITH FORMATION EDUCATION  
EMERGENCY FORM  
2017– 2018**

Family's Last Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Mother's Cell Phone # \_\_\_\_\_ Father's Cell Phone # \_\_\_\_\_

Home Address \_\_\_\_\_  
ZIP CODE \_\_\_\_\_

In case of an emergency and you are unable to be reached, please list **3 LOCAL ADULTS OVER THE AGE OF 18 WHO CAN PICK UP YOUR CHILD WITHIN 20 MINS.**

<b>(NAME) (3 contacts required)</b>	<b>(PHONE #)</b>	<b>(RELATIONSHIP to CHILD)</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**In a medical emergency we will call 911.**

**If your child requires an inhaler or other mediations, please bring an extra inhaler/medication to the RE Office to be used in case of emergency.**

Student's name \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_ Health Problems/Medications \_\_\_\_\_

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

**In an emergency, I give Faith Formation Personnel permission to have my child receive medical treatment. I understand that Faith Formation does not assume responsibility for payment of physician.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**OFFICE USE:**

Student was released to: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Location the child was taken: \_\_\_\_\_

Faith Formation Official releasing the child: \_\_\_\_\_