

**OUR LADY OF MOUNT CARMEL PARISH
FAITH FORMATION EDUCATION
EMERGENCY FORM
2018– 2019**

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.**

(NAME) (3 contacts required)	(PHONE #)	(RELATIONSHIP to CHILD)
_____	_____	_____
_____	_____	_____
_____	_____	_____

****Please list anyone who you DO NOT authorize to pick up your child:**

In a medical emergency we will call 911.

If your child requires an inhaler or other medications, 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 they 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: _____