

**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) (<u>3 contacts required</u>)	(PHONE #)	(RELATIONSHIP to 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 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: _____