

St. Elizabeth Ann Seton Office of Religious Education
Confidential Emergency Form – 2010/2011
ONE FOR EACH STUDENT _____

grade/day/room

Child's name _____ Phone _____ Today's Date _____

Family name (if different from child's last name) _____

Address _____ Zip _____

Email address (for program announcements/changes) _____

Contacts **should be a phone number to call should an emergency occur during class.*

Order in which should be
called if emergency

1. Father _____ work/cell phone* _____

2. Mother _____ work/cell phone* _____

3. Legal Guardian _____ work/cell phone* _____

4. Other _____ work/cell phone* _____

(indicate relationship to child)

Medical/Special Education Needs Information (Confidential – for office use only)

Indicate below any special **medical conditions** of this child (diabetes, asthma, allergies, etc.) and/or **special education needs** (hearing/vision/physical impairment, autism, ADHD, etc). List any **medications** the child may be taking as well as any specific emergency care and/or educational care, relative to the condition, that the Office should be made aware.

Name of child's family doctor _____ Phone _____

Please list the names of any individuals that have your permission to pick your child up from class:

Name	Relationship to child
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Name	Relationship to child
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Please advise your child, when pick-up is unexpectedly delayed, to report to the Religious Education Office (not to remain outside).

Parent's Name (printed)

Parent's Signature

Date