

## EMERGENCY INFORMATION

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

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Father	Address	Home Phone
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Work Phone	Cell Phone	Alternate Phone
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Mother	Address	Home Phone
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Work Phone	Cell Phone	Alternate Phone
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Email \_\_\_\_\_

In case of accident or serious illness, I request that St. Pius Faith Formation Office contact me. If I cannot be reached, I hereby authorize the physician indicated below I be contacted. If it is impossible to contact the doctor, I give authorization to St. Pius Faith Formation Office to make whatever arrangements seem necessary.

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_

List a neighbor or close relative who will assume care of your child if you cannot be reached:

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Name	Phone
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