

PLEASE PRINT OF INFORMATION  
**STUDENT INFORMATION RECORD**

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

CELLPHONE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

CELLPHONE: \_\_\_\_\_

Email Address \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

LEGAL GUARDIAN'S NAME: \_\_\_\_\_

SPECIAL MEDICAL CONDITIONS: \_\_\_\_\_

FAMILY EMAIL ADDRESS \_\_\_\_\_

PROCEDURES TO BE FOLLOWED  
IF ABOVE CONDITIONS PRESENTS AN  
EMERGENCY: \_\_\_\_\_

ANY SPECIAL REQUEST FOR THE DISMISSAL OF THE CHILD SHOULD BE MADE ON  
THIS: \_\_\_\_\_

**IN CASE OF EMERGENCY:  
PERSONS TO CONTACT IF PARENT/LEGAL GUARDIAN CANNOT BE REACHED**

NAME: \_\_\_\_\_ PHONE/CELL \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

DOCTOR FOR EMERGENCY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

In case of accident or illness, I request that the representative of the parish catechetical program contact me. If am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician's instructions. It is impossible to contact this physician, the representative of the parish catechetical program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medications deemed necessary.

To the best of my knowledge all information given is accurate and complete. I hereby consent to, authorize the necessary procedures that have been stated above.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Child Information Record, page 2, for \_\_\_\_\_**  
*(Child's Name)*

**In Case of Emergency**

**Persons to Contact If Parent/Legal Guardian Cannot Be Reached:**  
**(Give contact information specific to time of Religious Education Session.)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

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

Doctor for Emergency: \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_:

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

**Special Medical Conditions:**

Procedures to be followed if this condition becomes an emergency:

I understand that in case of an emergency, "911" will be called and an ambulance may be called by the Director of Religious Education or his/her designate.

In case of accident or illness, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, the representative of the parish catechetical program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_