

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: _____