STUDENT OR YOUTH EMERGENCY INFORMATION

PARISH/SCHOOL/DIOCESAN ENTITY: _____ CITY: _____

FAMILY NAME_____

Only ONE EMERGENCY INFORMATION form per family unit is necessary.

Full Name of Child	**Sex**	**Date of Birth**	**Special Health Condition (describe) or Medication prescribed or Dietary needs, etc.**

Home Address: _____ Phone: _____

Name of Mother/Guardian: _____ Place of Employment: _____

Mother's work number: _____ Cell Number: _____

Name of Father/Guardian: _____ Place of Employment: _____

Father's work number: _____ Cell Number: _____

If divorced, name of legal custodial parent: _____

Do Mother and Father have Joint Custody? (Y/N) _____

If custodial parent cannot be reached, may we contact non-custodial parent? (Y/N) _____

RESPONSIBLE ADULT(s) who have agreed to assume responsibility for child, if parent/guardian cannot be reached.

Name	Address	Phone	Relationship to Child

Physician of Choice: _____
Address: _____
Phone: _____

Hospital of Choice: _____
Address: _____
Phone: _____

If I, or responsible adult, and physician of choice, as indicated above, cannot be reached in an emergency and immediate medical and/or hospital attention is indicated I hereby authorize the transporting of my child to a hospital or physician for treatment.

Date: _____

Signature: _____

Print name: _____

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