St. Joseph Catholic Church
10519 N. Main Street • Richmond, IL 60071

Religious Education Program
Emergency Contact Form

In the event that we need to contact parents or guardians of our students because of an emergency, we ask that each family provide the information below.

Family Last Name(s) On School Records	

Student Information

Name of Student	Birth Date	Special Health Condition/Allergies

Contact Information

Father's Name		Father's Cell Phone Number	
Mother's Name		Mother's Cell Phone Number	
Additional Contact Name and Relationship To Student(s)		Additional Contact Cell Number	
For Situations Where The Parents Of A Student Are Estranged, Please Provide Details As To Whom Is Allowed To Be Contacted and Pick Up The Student(s)			

Medical Information

Prefered Physician		Prefered Physician's Phone Number	
Prefered Hospital		Prefered Hospital City or Location	
IF NONE OF THE CONTACTS LISTED ABOVE CAN BE REACHED IN THE EVENT OF A MEDICAL EMERGENCY, AND IF IT IS THE JUDGMENT OF THE PARISH STAFF THAT IMMEDIATE MEDICAL ATTENTION IS INDICATED, DO YOU AUTHORIZE RESPONSIBLE PARISH AUTHORITIES TO SEND YOUR CHILD (PROPERLY ACCOMPANIED) TO AN AVAILABLE HOSPITAL OR PHYSICIAN?			◯ yes ◯ no

Parent Signature _____ Dated _____