

Faith Formation Family Emergency Information

Father's Name _____ Home Ph: _____ Cell Ph: _____

Mother's Name _____ Home Ph: _____ Cell Ph: _____

Child resides with ___ Father ___ Mother ___ Both Explain Special Arrangements: _____

As the legal guardian for my child(ren), I give my permission to the person listed below to be contacted and to assume responsibility for care and/or emergency medical treatment, if for some reason Faith Formation personnel are unable to reach me.

Emergency Contact/Authorized Adult _____ Relationship _____

Phone (H): _____ Cell: _____

***Today's Date _____ Signature of Parent/Guardian _____

Complete information below for each child you are registering

Name _____ Date of Birth _____ Grade _____

List any allergies or health concerns we should be aware of:

Name of child #2 _____ Date of Birth _____ Grade _____

List any allergies or health concerns we should be aware of:

Name of child #3 _____ Date of Birth _____ Grade _____

List any allergies or health concerns we should be aware of:

Name of child #4 _____ Date of Birth _____ Grade _____

List any allergies or health concerns we should be aware of:

Name of child #5 _____ Date of Birth _____ Grade _____

List any allergies or health concerns we should be aware of: