

In case of an emergency, name of person to contact if parent unavailable:

Name _____

Relationship to Child _____

Address _____
(Street) (City) (State) (Zip)

Home Phone Number _____ Cell Phone Number _____

Name of Physician _____

Physician's Phone Number _____

Name of Preferred Hospital _____

Our Medical Insurance Company is _____

Our Policy Number is _____

Please list any chronic disease such as diabetes, epilepsy, heart disease, etc.:

Please list any severe allergy, including any food allergy.

Please advise if your child will be taking any prescription medication.

If you are registering more than one child, please be sure to indicate the name of your child who has a health concern or allergy. Thank you!

Please indicate anything additional you feel is important for us to be aware of:

PLEASE NOTE: From time to time photos of the children in our Faith Formation program will be posted to our web site. Please advise whether you will grant us this permission to post pictures. Yes ___ photos can be posted to the web site. No ___ photos cannot be posted to the web site.

In case of an emergency, we give permission for our child/children to be treated at a hospital and/or medical doctor.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date