

**St. Christopher-St. Margaret Mary  
Religious Education  
Student Emergency Form  
2018-2019**

**Date:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mother's Cell:** \_\_\_\_\_ **Father's Cell:** \_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE CONTACT:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Student's Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Student's Dentist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Hospital where student should be taken if parent/guardian or physician cannot be reached:**

\_\_\_\_\_

**Allergies (please include medicine allergies):** \_\_\_\_\_

\_\_\_\_\_

**Other Medical Conditions:** \_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**In case of an accident or serious illness, I request the St. Christopher and St. Margaret Mary Religious Ed Program to contact me. If no one is able to reach me I hereby authorize them to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician the program may take whatever arrangements seem necessary.**

**\*\*For additional instructions fill in the back of this sheet\*\***