



# The Church of St. Christopher and St. Margaret Mary

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Hours: Monday – Friday, 9:30am – 4:00pm    Office Hours: Monday – Friday, 9:30am – 2:30pm  
Web: [www.stestmmsi.org](http://www.stestmmsi.org)



## Religious Education Program 2017 – 2018 Student Emergency Form

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

**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 - St. Margaret Mary Religious Education 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 deem necessary.**

**\*\*For additional instructions fill in the back of this form and check this box  \*\***