

**OUR LADY OF MOUNT CARMEL PARISH
FAITH FORMATION EDUCATION
EMERGENCY FORM**

Family's Last Name _____ Home Phone # _____

Mother's Cell Phone # _____ Father's Cell Phone # _____

Home Address _____ ZIP CODE _____

In case of an emergency and you are unable to be reached, please list **3 LOCAL ADULTS OVER THE AGE OF 18 WHO CAN PICK UP YOUR CHILD WITHIN 20 MINS.**

(NAME) (<u>3 contacts required</u>)	(PHONE #)	(RELATIONSHIP to CHILD)
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In a medical emergency we will call 911.

If your child requires an inhaler or other mediations, please bring an extra inhaler/medication to the RE Office to be used in case of emergency.

Student's name	Birthday	Grade	Health Problems/Medications
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- | | | | | |
|----|--|--|--|--|
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |

In an emergency, I give Faith Formation Personnel permission to have my child receive medical treatment. I understand that Faith Formation does not assume responsibility for payment of physician.

Signature of Parent or Guardian

Date

OFFICE USE:

Student was released to: _____ Time: _____ Date: _____

Location the child was taken: _____

Faith Formation Official releasing the child: _____