

St. Alphonsus Catholic Church

Youth Emergency Form 2010-11

Name: _____ Class: _____
Address: _____
Zip: _____ Phone: _____
Date of Birth: _____
Father's Name: _____ Business/Cell Phone _____
Business Address: _____
Mother's Name: _____ Business/Cell Phone _____
Business Address: _____
Legal Guardian's Name: _____
Business Address: _____
Special Medical conditions: _____

Procedures to be followed if above condition present an emergency: _____

Person to contact in case of emergency
if parents/legal guardian cannot be reached:

Name: _____ Phone: _____
Address: _____

Zip: _____
Relationship: _____
Doctor for emergency: _____ Phone: _____
Address: _____
Zip: _____

In case of accident or illness, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, the representative of the parish catechetical program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

If it is necessary that my child be taken from the building where catechetical sessions are held, I designate the following person(s) as having authority to do so in my place.

Name: _____ Name: _____
Address: _____ Address: _____

To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

Parent/Guardian Signature: _____ Date _____