

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

Family's Last Name _____ Home Phone # _____

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

Home Address/City _____ 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	PHONE #	RELATIONSHIP to CHILD
_____	_____	_____
_____	_____	_____
_____	_____	_____

****Please list anyone who is NOT authorized to pick up your child:**

In a medical emergency, we will call 911.

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

Student's Name	Birthday	Grade	Health Problems/Medications
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

In an emergency, I give the Faith Formation personnel permission to have my child receive medical treatment. I understand that they do not assume responsibility for payment of the physician/hospital.

Signature of Parent or Guardian

Date

OFFICE USE:

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

Location the child was taken to: _____

Faith Formation personnel releasing the child: _____