OUR LADY OF MOUNT CARMEL PARISH FAITH FORMATION EDUCATION EMERGENCY FORM 2018–2019

Mother's Cell Phone #	Family's Last Name	Н	lome Phone #_		
In case of an emergency and you are unable to be reached, please list 3 LOCAL AOVER THE AGE OF 18 WHO CAN PICK UP YOUR CHILD WITHIN 20 (NAME) (3 contacts required) (PHONE #) (RELATIONSHIP to Canada and the second and	Mother's Cell Phone #	Father'	s Cell Phone #		
OVER THE AGE OF 18 WHO CAN PICK UP YOUR CHILD WITHIN 20 (NAME) (3 contacts required) (PHONE #) (RELATIONSHIP to CONTACT OF A CONTACT OF	Home Address				ZIP CODE
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/Med 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 physical signature of Parent or Guardian Date OFFICE USE:					
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Student was released to: Time:Date:	OFFICE USE:				
	Student was released to:		Tin	ne:	Date:
Location the child was taken:	Location the child was taken:				