

**St. Stephen Parish
Religious Education
Emergency Information**

Child's Last Name _____ First Name _____

Date of birth _____ Grade _____ Phone _____ School Yr _____

Home address _____ City _____ Zip _____

Father's name _____ Employer _____

Employer's Address _____ City _____ Phone _____

Pager _____ Cell _____

Mother's name _____ Employer _____

Employer's Address _____ City _____ Phone _____

Pager _____ Cell _____

Based on distance, availability, hours of work etc. if there is an emergency during Religious Education, whom should we call first. _____

Special information, i.e. allergies, learning problems or physical disabilities :

Other numbers to call in case of emergency:

1. Name _____ Relationship _____ Phone _____

Address _____ City _____ Zip _____

2. Name _____ Relationship _____ Phone _____

Address _____ City _____ Zip _____

Doctor's name _____ Phone _____

Address _____ City _____ Zip _____

In case of natural disaster, students will be released only to people listed on this form. Please specify one person only you would allow your child to be released to other than yourself:

Name _____ Phone _____

Address _____ City _____ Zip _____

I understand that the parish does not assume responsibility for payment of a physician; however, in an emergency you may choose a physician.

Parent Signature _____ **Date** _____