

EMERGENCY CARD FOR ST. GABRIEL RELIGIOUS EDUCATION CLASSES

Family Name: _____

Child(ren) & Grade:

Address: _____ Phone: _____

In case of emergency I can be reached at: _____

Name of Parent/Guardian: _____

Address (if different from above): _____

Food Allergies: _____

Allergies to Medication(s) List: _____

List ALL of the Medications your child currently takes: _____

In the event of apparent serious illness or accident, when I cannot be reached, I wish the following person to be notified by telephone. They are authorized to act in my absence, and will be informed that their name has been used on this card. (Please do not list mother or father in spaces below; it must be someone nearby who can be reached quickly).

Name/Relationship to Child

Telephone

Address _____

In case of a minor injury, I authorize that first aid be administered by a person qualified to render such service.

In case of an accident, may we contact your family doctor? Yes _____ No _____

Doctors Name: _____ Phone No.: _____

Your Signature: _____ Date: _____