

**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** \_\_\_\_\_