

St. Faustina Catholic Parish
EMERGENCY MEDICAL FORM

NAME OF CHILD: _____

AGE: _____

MEDICAL INFORMATION

In the event a participant becomes ill or injured, I authorize St. Faustina Catholic Parish's Parochial Administrator, Rev. Ramon Bolatete, or the Director of Faith Formation, Marylu Mariniello or representatives to obtain medical attention at a physician's office, hospital or by an EMT or other emergency medical services. I understand that every effort will be made to reach me before medical permission is given to treat my child. The participant is covered by the following medical insurance:

Insurance Co. Name _____

Group # _____

Allergies:

Chronic Medical Problems:

Medications taken by the child:

Other Important Medical Information:

_____ X _____
Print name of parent / guardian Signature of parent / guardian

Date _____

Home phone of parent / guardian _____

Cell phone of parent / guardian _____

Work phone of parent / guardian _____

EMERGENCY CONTACT PERSON
WHEN PARENT / GUARDIAN CANNOT BE REACHED

In the case of an emergency, the parents / guardians will **always** be the first persons we try to contact. However, in the case that we are unable to contact the parents / guardians, **we need to have some other adult that we can call.** Please include the information below of the contact person you choose in the case that we are unable to reach you.

Name:

Relationship:

Address:

Home Phone: _____

Cell Phone: _____

Work phone: _____