



CHURCH OF ST. ANNE

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Emergency Contact and Medical Information Form for Faith Formation

Father's full name	Mother's full name
Home phone	Home phone
Cell phone	Cell phone
Work phone	Work phone

Child's Full Name	Grade	Present Health Condition	Allergies	Special Health recommendations to consider

Hospital/ Clinic Preference _____

Child(ren)'s Physician(s) Name /Phone Number: _____ (_____) _____

Health Insurance: _____ Health Plan # _____

In the event of an emergency, I give permission to transport my child to a hospital. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the attending physician and /or paramedics. I wish to be advised prior to any further treatment by a doctor or hospital. This waiver applies only in the event that neither parent/guardian can be reached.

Parent/Guardian's Signature _____ Date _____