

3. FIRST NAME	LAST NAME	GRADE	BIRTH DATE	MALE	FEMALE (CIRCLE ONE)
HEALTH PROBLEMS, ALLERGIES, OTHER ISSUES					

4. FIRST NAME	LAST NAME	GRADE	BIRTH DATE	MALE	FEMALE (CIRCLE ONE)
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**EMERGENCY CARE INFORMATION**

HEALTH INSURANCE CARRIER NAME	GROUP NUMBER	SUBSCRIBER NUMBER
DOCTOR'S NAME	PHONE	ADDRESS
DENTIST'S NAME	PHONE	ADDRESS

CONSENT FOR MEDICAL TREATMENT: I understand that the St. Cornelius Office of Religious Education does not assume responsibility for payment of physicians. However, in an emergency, the office may choose a physician. In an emergency, I give the office personnel permission to have my child receive medical treatment by professionals, i.e. Paramedic or EMT and transport to hospital if necessary.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**LIST PEOPLE, OTHER THAN PARENT(S) TO WHOM WE CAN RELEASE THE CHILD(REN)  
(IN CASE OF EMERGENCY)**

NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE

<b>FOR OFFICE USE ONLY DISASTER RELEASE INFORMATION</b>		
CHILDREN: (NAMES)		
WERE/WAS RELEASED TO:	DATE	TIME
LOCATION WHERE CHILD WAS TAKEN	STAFF PERSON RELEASING CHILDREN	

FAMILY LAST NAME

ST. CORNELIUS OFFICE OF RELIGIOUS EDUCATION  
EMERGENCY-EARTHQUAKE-DISASTER INFORMATION

HOME PHONE	HOME ADDRESS	CITY	ZIP
MOTHER'S WORK PHONE	CELL PHONE	CALL 1ST	2ND
FATHER'S WORK PHONE	CELL PHONE	CALL 1ST	2ND

CHILDREN LIVE WITH \_\_\_\_\_ BOTH PARENTS \_\_\_\_\_ MOTHER ONLY \_\_\_\_\_ FATHER ONLY \_\_\_\_\_ OTHER  
(PLEASE CHECK ONE)  
\_\_\_\_\_ GRANDPARENTS \_\_\_\_\_ GUARDIAN \_\_\_\_\_ MOTHER AND STEPFATHER \_\_\_\_\_ FATHER AND STEPMOTHER

MOTHER'S NAME	MOTHER'S MAIDEN NAME	
OCCUPATION	HOURS OF EMPLOYMENT	WORK DAYS
EMPLOYER	WORK ADDRESS	

FATHER'S NAME		
OCCUPATION	HOURS OF EMPLOYMENT	WORK DAYS
EMPLOYER	WORK ADDRESS	

**CHILDREN'S INFORMATION** (PLEASE COMPLETE FOR EACH CHILD)

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HEALTH PROBLEMS, ALLERGIES, OTHER ISSUES					