

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

4. FIRST NAME	LAST NAME	GRADE	BIRTHDATE	MALE	FEMALE (CIRCLE ONE)
HEALTH PROBLEMS, ALLERGIES, OTHER ISSUES					

**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 Faith Formation 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 FAITH FORMATION  
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					