

SACRED HEART R.E. STUDENT(S) EMERGENCY INFORMATION

Full Name _____

Grade _____

Medical allergies / history _____

Mother's Name _____

Home# _____

Cell# _____

Father's Name _____

Home# _____

Cell# _____

EMERGENCY CONTACT: Contact name should be other than parent or guardian
Name _____ Relationship _____ Phone# _____

Medical release: In case of an emergency, and parents or guardian cannot be reached, 911 will be called and child may be transported to a nearby hospital. The parents or guardian agree to assume all responsibilities and expenses including transportation incurred by the handling of this emergency situation.

Signature of Parent or Guardian _____

Date _____

(OVER)

Photo Release: I give permission to the staff of Sacred Heart Religious Education to use photos taken of my child(ren) while participating in activities of the program. The name(s) of my child(ren) will not appear on any photo. Photos may be utilized in the Sacred Heart Church building, bulletin, and website.

Photos MAY be used: _____

Photos MAY NOT be used: _____

Signature: _____ Date _____