

Date: _____

Student Information Record

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Father's Name: _____ Business Phone/Beeper: _____

Business Address: _____

Mother's Name: _____ Business Phone/Beeper: _____

Business Address: _____

Legal Guardian's Name: _____ Business Phone/Beeper: _____

Business Address: _____

Hospital Preference: _____

Special Medical conditions: _____

Procedures to be followed
if above condition presents an emergency} _____

Any special request for *the dismissal*
of the child should be made on this form } _____

In Case of Emergency: Persons To Contact If Parent/Legal Guardian Cannot Be Reached:

Name: _____ Phone/Beeper: _____

Address: _____

Relationship: _____

Doctor for Emergency: _____ Phone/Beeper: _____

Address: _____

In case of accident or illness, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, the representative of the parish catechetical program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

Parent/Guardian Signature: _____ Date: _____