

**Church of the Good Shepherd Catholic Faith Formation  
EMERGENCY INFORMATION FORM**

**Please print in ink.**

STUDENT NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**STUDENT LIVES WITH:**

NAME (HEAD OF HOUSE)	RELATIONSHIP	EMPLOYER	WORK PHONE
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NAME	RELATIONSHIP	EMPLOYER	WORK PHONE
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EMAIL \_\_\_\_\_

**Emergency Contacts besides the adults listed above. Please note that in the event of illness, injury or other emergency, Good Shepherd will release your child ONLY to the adults listed above or below.**

NAME	HOME PHONE	WORK PHONE	RELATIONSHIP
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NAME	HOME PHONE	WORK PHONE	RELATIONSHIP
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**MEDICAL INFORMATION**

PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

HEALTH PLAN OR INSURANCE CARRIER \_\_\_\_\_

INSURANCE # OR MEDICAL # \_\_\_\_\_

SPECIAL MEDICAL CONDITIONS: \_\_\_\_\_

ALLERGIES \_\_\_\_\_

MEDICATIONS \_\_\_\_\_

I authorize the medical facility/doctor to give any necessary emergency treatment to the above minor child until I can be contacted.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE