

# St. Elizabeth Ann Seton Religious Education

Tel: 914-528-8553 / Fax: 914-528-1880

email: [setonre@bestweb.net](mailto:setonre@bestweb.net)

## Confidential Emergency Form – 2017/2018 ONE FOR EACH STUDENT

(office) grade/day/room

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's date: \_\_\_\_\_

**Full** Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Email address** (for **ALL** correspondence) \_\_\_\_\_

Who does child reside with? \_\_\_\_\_

Order in which should be called if emergency

Father's Name: \_\_\_\_\_ work/cell phone \_\_\_\_\_

Mother's Name: \_\_\_\_\_ work/cell phone \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ work/cell phone \_\_\_\_\_

Other: \_\_\_\_\_ work/cell phone \_\_\_\_\_

(Indicate relationship to child)

Public School child attends \_\_\_\_\_

### **Medical/Special Education Needs Information (Confidential – for office use only)**

Indicate below any special medical conditions of this child (diabetes, asthma, allergies, etc.) and/or special education needs (hearing/vision/physical impairment, autism, ADHD, etc). List any medications child may be taking as well as any specific emergency care and/or educational care, relative to the condition, that the Office should be made aware.

**EPI-PEN** Yes \_\_\_ No \_\_\_

*If your child needs to use an EPI-PEN or has any other SEVERE MEDICAL CONDITIONS (Diabetes, Epilepsy etc); download and complete forms under **Severe Medical Conditions** at [seton-parish.org](http://seton-parish.org), under **Faith Formation, Religious Ed.** And return to the office along with this form.*

Please list the names of any individuals that have your permission to pick your child up from class:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone \_\_\_\_\_

### **In case of Emergency:**

#### **Persons to Contact If Parent/Legal Guardian Cannot Be Reached:**

Name: \_\_\_\_\_ Phone/cell: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Doctor for Emergency: \_\_\_\_\_ Phone/cell: \_\_\_\_\_

Address: \_\_\_\_\_

In case of accident or illness, I request that the representative of the Parish Religious Education 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 Religious Education 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: \_\_\_\_\_

**Media Permission:** Yes \_\_\_\_\_ No \_\_\_\_\_

(From time to time pictures may be taken during a class project or retreat.)