

St. Elizabeth Ann Seton Religious Education

914.528.8553 / Fax: 914.528.1880

Email: setonre@bestweb.net

Website: www.seton-parish.org

Confidential Emergency Form – 2021/2022

ONE PER CHILD

Child's Name _____ Date of Birth _____ Gender _____
(office) level/day/room

Full Address _____

Primary Email Address _____ Home Phone _____

Who does your child reside with? _____ Public School Attends _____

Mother's Name _____ home/cell phone _____
Father's Name _____ home/cell phone _____
Other _____ home/cell phone _____

(Indicate relationship to your child)

Order in which should be called in an emergency

Medical Information/Special Learning Needs

Indicate any special medical conditions of your child: diabetes, asthma, allergies, hearing, vision, autism, ADHD. List any medications child may be taking as well as any specific emergency care, relative to the condition, that the Office should be made aware. If your child has a learning need, please complete the **Individualized Information Form**, to give our Catechists the necessary tools to hand on the faith to your child.

EPI-PEN Yes ___ No ___

If your child needs to use an EPI-PEN or has any other ACUTE MEDICAL CONDITIONS, please complete the **Severe Medical Conditions Form** and attach.

Please list the names of any individuals that have your permission to pick your child up from religious ed.

Name: _____ Relationship to child: _____ Phone _____

Name: _____ Relationship to child: _____ Phone _____

In case of Emergency, Person to Contact If Parent/Legal Guardian Cannot Be Reached

Name _____ Phone/Cell _____

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. In addition:

I acknowledge that I have read the **Parent Handbook** on the Parish Website and agree to cooperate with the Parish and Archdiocese policies set forth

Media Permission Yes _____ No _____ (Pictures may be taken during Retreats and/or Class Activities)

Parent/Guardian Signature _____ Date _____