

St. Kathryn Church
Religious Education Emergency Contact Form
2018-2019

Student Name _____

Grade/Group _____

Parent/Guardian Names _____

Telephone Number _____

Alternate Telephone Number _____

Address _____

Allergies/Medical conditions/Special Needs _____

The parent or guardian agrees to give permission for emergency medical decisions to be made in the event the parent/guardian cannot be reached _____

Parent/Guardian Signature _____

Date _____