

**ST. JOSEPH RELIGIOUS EDUCATION  
EMERGENCY CONTACT FORM 2019-2020**

**This form must be completed every school year.  
It is the parent's responsibility to submit any changes immediately to the  
Religious Education Office.**

**CONTACT INFORMATION:**

Student's Name: \_\_\_\_\_  
(First) (Last)

Father's Name: \_\_\_\_\_  
(First) (Last)

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
(First) (Last)

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Emergency Contact(s) if Parents Cannot Be Reached:

\_\_\_\_\_  
(Name) (Phone)

\_\_\_\_\_  
(Name) (Phone)

**HEALTH INFORMATION:**

Please list any medical conditions or allergies: \_\_\_\_\_

In case of an emergency, may we seek medical attention? \_\_\_\_\_

**FAMILY INFORMATION:**

Name of legal guardian(s): \_\_\_\_\_

Is there anyone *not* allowed contact with your child? \_\_\_\_\_

Who is authorized to pick up your child? \_\_\_\_\_

**Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_**