

St. Henry Catholic Church
Parish School of Religion (PSR)
Student Emergency Information

Date _____

(Please Print)

Student Name: (first) _____ (middle) _____ (last) _____

Student Email Address: _____ Student Cell# _____

Mother/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Father/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Contact Person (other than parent) for emergency: _____

Relationship: _____ Home Phone: _____ Cell Phone: _____

Physician: _____ Phone: _____

Current Medications: _____

Any Known Allergies/Medical Concerns: _____

Health Insurance Provider: _____ Contract #: _____

Group #: _____ Hospital of Choice: _____

In case my child needs medical attention, I authorize a representative of St. Elizabeth Ann Seton Catholic Church to act on my behalf:

Signature of Parent: _____ Date: _____