

**ST. JEAN VIANNEY CATHOLIC CHURCH
PARISH SCHOOL OF RELIGION
EMERGENCY INFORMATION FORM**

Student's Name: _____

School Currently Attending: _____ Grade: _____

Special Needs of the Student

Has your child been diagnosed with ADD or ADHD? Yes No

Is he/she taking medication on the weekend? Yes No

Does he/she have any FOOD allergies? Yes No

If yes, please list food allergies: _____

May this information be shared with his/her catechist? Yes No

Emergency Contact Information

In the event of an emergency, we will attempt to contact these adults in the order you list them:

Parent #1: Name: _____ Phone: _____

Parent #2: Name: _____ Phone: _____

Adult #3: Name: _____ Phone: _____

Adult #4: Name: _____ Phone: _____

High School PSR Please Note:

It is our policy to contact our high school students' parents when they are absent without prior notification. We will use these contact numbers in the order listed unless you prefer us to use an alternate contact.

Please list alternate contact information for high school absence notification (optional):

Name: _____ Phone: _____

Emergency Medical Information

I hereby give my permission for emergency medical treatment to be administered to my child. I also give permission to transport my child to a hospital for emergency medical or surgical treatment if necessary.

Preferred Hospital: _____

Name of Physician: _____ Phone: _____

Parent's Signature: _____ Date: _____

PLEASE MAKE SURE WE CAN READ ALL THE INFORMATION! Thank you!! 😊