

**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!! 😊