

**EMERGENCY CARE FORM  
CORPUS CHRISTI RELIGIOUS EDUCATION 2010-2011 SCHOOL YEAR**

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

CHILD'S ADDRESS: \_\_\_\_\_  
last first MI

PARENTS/GUARDIAN NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

MOTHER'S CELL PHONE: \_\_\_\_\_ FATHER'S CELL PHONE \_\_\_\_\_

MOTHER'S WORK PHONE \_\_\_\_\_ FATHER'S WORK PHONE \_\_\_\_\_

IF PARENTS CAN NOT BE REACHED, CALL \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

**OTHER ADULTS AUTHORIZED TO PICK-UP CHILD:**

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_ PHONE \_\_\_\_\_

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_ PHONE \_\_\_\_\_

ADULTS WHO MAY not PICK-UP CHILD \_\_\_\_\_

MEDICAL INFORMATION: FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

ALLERGIES FOOD \_\_\_\_\_

MEDICATION \_\_\_\_\_

**MEDICATIONS TAKEN ON A REGULAR BASIS AND DOSAGE:** \_\_\_\_\_

**SPECIAL PHYSICAL, MEDICAL, MENTAL AND OR LEARNING DISABILITIES:** \_\_\_\_\_

INSURANCE DATA: NAME OF INSURANCE \_\_\_\_\_

POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_

Emergency Authorization: In the event I can not be reached, I hereby give permission to the teaching staff of Corpus Christi to take appropriate action to secure the safety and well-being of my child. They have my permission to contact a physician and to authorize transportation of my child to the physician or hospital. **I understand that I will assume the responsibility for any medical bills.**

\_\_\_\_\_  
Signature of parent or guardian and date

\_\_\_\_\_  
Date