

Last Name

**DIOCESE OF SAN BERNARDINO
EMERGENCY INFORMATION**

**(One card per Family)
FAMILY INFORMATION**

Last Name	Home Address/City/State/Zip	Home Phone	
Father First Name (last if different)	Father-Employer Address/City/State/Zip	Phone	Hours
Mother First Name (last if different)	Mother-Employer Address/City/State/Zip	Phone	Hours
Father Cell Phone	Mother Cell Phone		
E-mail:			

Child's First Name (last if different) Birth Date Mo/Day/Year Grade Precautions/Allergies/Meds.

Special Notes

Emergency Care Information

In the event we cannot be reached, we wish one of the following to be notified. They are authorized to act in our absence, and will be informed that their names have been used on this card. In case of minor injury, first aid may be administered by a qualified school employee. **(Must be 18 years or older)**

Name	Relationship to child	Telephone
1		
2		
3		
4		

Additional Contacts can be added in the provided space on the back of this form. **(Contacts will be called in the order listed)**

Family Physician _____

Telephone _____

Insurance _____

Group No. _____

Hospital of Choice _____

Telephone _____

SIGNATURE _____

DATE _____

RELATIONSHIP TO CHILD _____

Name	Relationship to child	Telephone
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		