

St. Elizabeth Ann Seton Catholic Church  
2018-2019 Parish School of Religion (PSR)  
**Student Emergency Information**

(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: \_\_\_\_\_