

St. Margaret of Scotland Faith Formation
Emergency Information Form Dated ___/___/___

Catechist name: _____

Grade: _____

Student Name: _____

Address _____

Home Phone # _____ Mom Cell # _____ Dad Cell # _____

Mother's Name: _____ Father's Name: _____

Guardian's Name (if applicable) _____

Children live with: Both Parents _____ Mother _____ Father _____ Guardian _____

Emergency name and telephone number in case you cannot be reached **DURING CLASS TIME:**

1. _____

2. _____

3. _____

Names of **4 designated people INCLUDING PARENTS** who have your permission to pick up your child:

1. _____

2. _____

3. _____

4. _____

DO NOT RELEASE MY CHILD TO: (List any people who, for family/legal reasons, do not have permission to pick up your child)

1. _____

2. _____

Other Children whom I have permission to pick up: (The parents of these children must also list your name as someone who has permission to pick up their children on their form!)

1. _____

2. _____

3. _____

4. _____

Allergies or medical issues that the catechist should be aware of:

Note: Any changes in the above information must be reported to the rectory. No child will be released unless the person's name is on this Emergency Information Form. For a situation where a person other than the one listed on the form must pick up the child, the parent/guardian must contact the rectory by note, or by phone. The temporary designated person must present ID in the rectory PRIOR to picking up the child.

Parent/Guardian Signature: _____ Date: _____