

Safety and Health Concerns Information

2007-2008

Grades 6-11

For the safety of our youth, we would like to have the following medical and insurance information on hand. In the event of an emergency we will be able to help your children. We will also use this information on youth trips away from the parish. All information will be held confidential.

In the event of an emergency, please contact _____
(parent or guardian name please)

first at the following numbers:

Home: _____ Work: _____ Cell: _____

If you cannot reach us, please contact a friend or neighbor _____

At the following numbers:

Home: _____ Work: _____ Cell: _____

Our children's doctor is _____ Phone _____

Our insurance carrier is _____ Policy # _____

In the event of an emergency please go to the following hospital: _____

My children are on the following medication:

Name _____	Medication _____
Name _____	Medication _____
Name _____	Medication _____

My children have the following allergies (food, medicine, etc):

Name _____	Allergies _____
Name _____	Allergies _____
Name _____	Allergies _____

Please indicate any special learning or health needs which might be helpful to us in assuring that your son or daughter has a positive and productive experience here:

Thank you for supplying us with this information. The safety of our children is important!!!