

**ST. JOHN THE BAPTIST CATECHETICAL MINISTRY**  
***EMERGENCY INFORMATION FORM***

Student Information – Please Print

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Last Name	First Name	Grade
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Street Address	City	State	Zip Code
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Home Tel. No. \_\_\_\_\_ Cell No. \_\_\_\_\_

In the event of apparent serious illness or accident, when I cannot be reached, I wish one of the following to be notified by phone. They are authorized to act in my absence, and will be informed that their names have been used on this card.

Please do not list mother or father or child above. It must be SOMEONE NEARBY who can be reached immediately.

1) Name \_\_\_\_\_ (Relationship) \_\_\_\_\_ Phone#. \_\_\_\_\_

2) Name \_\_\_\_\_ (Relationship) \_\_\_\_\_ Phone#. \_\_\_\_\_

In case of minor injury, I authorize that first aid be administered by person qualified to render such service.

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Signature

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Date