

Gate of Heaven Faith Formation Emergency Information and Consent

Dear parents/guardians of our Faith Formation students,

Please fill out the following health and emergency information for *each* of your children on a separate form. We will guard your privacy and will keep it secure but within reach in the event of an emergency.

Student's Name:	Date of Birth:
Address:	Home phone #:
Parent/Guardian Name:	Cell phone #:
Student's Doctor & Telephone #:	Insurance Carrier and Policy #:
Alternative Emergency Contact & phone #:	Alternative Emergency Contact & Phone #:

Health Information:

1. Does your child have any health issues that we should be aware of? Yes / No

2. If yes, list all that apply.

a. Serious Allergy to : _____

i. Symptoms: _____

b. Asthma:

i. The inhaler medication is _____ and should be used as follows

c. ADD/ADHD: _____

d. Other: Please specify:

3. Medications child is taking:

In the event of an emergency or serious illness, you have my permission to obtain any emergency care necessary to ensure my child's well-being while at Faith Formation. I understand that every attempt will be made to contact me before taking the student to a physician or hospital.

(Signature of Parent/Guardian)

(Date)