

**EMERGENCY CONTACT/MEDICAL INFORMATION 2021-2022**

**Family Last Name(s)**

Child's Name	Grade	Allergies
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Special Needs:

Child's Name	Grade	Allergies
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Special Needs:

Child's Name	Grade	Allergies
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Special Needs:

Child's Name	Grade	Allergies
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Special Needs:

Mother's name	Cell #	Email
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Father's name	Cell #	Email
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**Alternate Emergency Contact** list someone other than a parent

<b>Name</b>	<b>Phone</b>
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Name of Physician	Phone #:
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Medical Insurance Co:	Policy #:
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If I cannot be reached in case of an emergency the bearer of this form is authorized to act on my behalf to seek medical treatment for the children listed on this form.

Parents Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Photo/Video Use Authorization and Release**



By signing this form I authorize my child/ren's image (without name) to be used by St. Francis Xavier Faith Formation in electronic, print or visual media which may include the parish webpage, Facebook page, bulletin boards, newsletters (parish and faith formation), or parish bulletin. No names will be printed. To decline use of your child's image, please submit a letter to the Faith Formation office.

Signature \_\_\_\_\_ Date \_\_\_\_\_