

St. Faustina Catholic Parish  
**EMERGENCY MEDICAL FORM**

**NAME OF CHILD:** \_\_\_\_\_

**AGE:** \_\_\_\_\_

**MEDICAL INFORMATION**

In the event a participant becomes ill or injured, I authorize St. Faustina Catholic Parish's Parochial Administrator, Rev. David C. Gillis, or the Director of Faith Formation, Marylu Mariniello or representatives to obtain medical attention at a physician's office, hospital or by an EMT or other emergency medical services. I understand that every effort will be made to reach me before medical permission is given to treat my child. The participant is covered by the following medical insurance:

Insurance Co. Name \_\_\_\_\_

Group # \_\_\_\_\_

**Allergies:**

\_\_\_\_\_

**Chronic Medical Problems:**

\_\_\_\_\_

**Medications taken by the child:**

\_\_\_\_\_

**Other Important Medical Information:**

\_\_\_\_\_

\_\_\_\_\_ <sup>X</sup> \_\_\_\_\_  
Print name of parent / guardian      Signature of parent / guardian

Date \_\_\_\_\_

Home phone of parent / guardian \_\_\_\_\_

Cell phone of parent / guardian \_\_\_\_\_

Work phone of parent / guardian \_\_\_\_\_

**EMERGENCY CONTACT PERSON**  
WHEN PARENT / GUARDIAN CANNOT BE REACHED

In the case of an emergency, the parents / guardians will **always** be the first persons we try to contact. However, in the case that we are unable to contact the parents / guardians, **we need to have some other adult that we can call.** Please include the information below of the contact person you choose in the case that we are unable to reach you.

Name:

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Relationship:

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Address:

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Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work phone: \_\_\_\_\_