

St. Peter the Apostle Church
Parish School of Religion
Student Emergency Data Information
2017 – 2018

(PLEASE PRINT LEGIBLY)

Student Name _____ Grade _____
 First Last

Student Name _____ Grade _____
 First Last

Student Name _____ Grade _____
 First Last

Student Name _____ Grade _____
 First Last

Student Name _____ Grade _____
 First Last

Parent/Guardian Name _____

Parent/Guardian Phone _____ Cell _____

Contact person (other than parent) for emergency:

Name _____ Phone _____

In the event that my child needs medical attention, I authorize a representative of St. Peter the Apostle Church to act on my behalf.

Signature of Parent Date _____

Physician _____ Phone _____

Health Insurance _____ Policy # _____

Hospital of Choice _____