

Medical Emergency Contact Information 2006-2007

(This medical form will be used at all events and activities. Please make sure your information is accurate and that you fill this out and give it to the youth office by or on September 10th.)

Name of child1: _____ Date of birth: _____

Name of child2: _____ Date of birth: _____

Name of child3: _____ Date of birth: _____

Name of child4: _____ Date of birth: _____

Address of children, if different: _____ , _____ ,

Emergency contact numbers

Name of parents or legal guardian(s): _____

Phone: _____

Father Work Phone: _____ Cell Phone : _____

Mother Work Phone: _____ Cell Phone: _____

If unavailable call: _____ Phone number: _____ Relationship to child(ren): _____

Address of father or mother, if different

Name: _____ Address: _____ , _____ , _____

Doctor and insurance information

Child's primary physician: _____ Telephone number: _____

Health insurance Information

Name: _____ Group #: _____

Phone: _____ Policy #: _____

Allergies or special needs: _____

Email Information for internet ministries

By indicating your email below, you will receive information on upcoming activities, events, meetings, and religious materials from St. Mary's Youth Office. *If emails change during the year, please let Ron Tucci know. Send to ron@stmarysoca.org.*

	Email Address
Family email checked most often	
Email of Father	
Email of Mother	

Please sign and date below if you agree to let St. Mary's Youth Department place photos of your child(ren) on our website (www.stmarysoca.org).

You have our permission to place photos of our child(ren) on St. Mary's Website. _____ (Sign)

_____ (Date)