



Saints John and Paul Parish  
 280 Weaver Street, Larchmont, NY 10538  
 914-834-4597 jshea@sjpparish.org

**ANNUAL FAMILY EMERGENCY FORM 2018-19**

*[ NOTE: All blanks must be completed in order to ensure your child's registration.]*

Family name: \_\_\_\_\_

Address: \_\_\_\_\_

<u>Child's First Name</u>	<u>Age</u>	<u>First Name</u>	<u>Age</u>
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

MOTHER'S First and Last Name: \_\_\_\_\_

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

Mother's Business Phone: \_\_\_\_\_

Father's First and Last Name: \_\_\_\_\_

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

Father's Business Phone: \_\_\_\_\_

Baby sitter, nanny, au pair cell number: \_\_\_\_\_

Contact In case of emergency and parent is not available,

1. \_\_\_\_\_  
 Name Relationship to Family Phone

2. \_\_\_\_\_  
 Name Relationship to Family Phone

Child's Physician: \_\_\_\_\_  
 Name Phone

Child's Dentist: \_\_\_\_\_  
 Name Phone



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PLEASE SIGN THE FOLLOWING *AFTER READING*:

In case of accident or illness, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, the representative of the parish catechetical program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

\_\_\_\_\_  
 Signature of parent or guardian

\_\_\_\_\_  
 Date

Please complete the following information in full:

HOSPITAL where student should be taken if parent or physician is unavailable:

\_\_\_\_\_  
 MEDICAL INSURANCE CO.: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_