

**St. Barnabas Religious Education
EMERGENCY FORM and CONSENT
2018-2019**

Mail to: Director of Religious Ed
St. Barnabas Parish
10134 S. Longwood Dr.
Chicago, IL 60643
 FAX: 773-445-9671- *bring to class.*

Religious Education authorities have our consent to act in an emergency to secure the necessary medical treatment and transportation for the preservation of our child’s health in time of emergency. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage said physicians to exercise their best judgement as to requirements of such diagnosis or treatment.

Father’s Name Sunday AM phone or cell #

Mother/Guardian’s Name Sunday AM phone or cell #

Physician’s Name Phone Address

Medical Insurance Company Policy and ID Number

OTHER CONTACT PERSON IN CASE OF EMERGENCY:

Name Sunday AM phone or cell #

Relationship

Name of Child (Last Name if Different)	Grade	Allergies, Medications, Significant Medical Conditions
1		
2		
3		
4		

Parent or Guardian’s Signature Date