

**St. Bridget Catholic Church
Childcare Room Release Form 2019-20**

FAMILY NAME _____

On occasion we have found it difficult to contact parents or guardians in cases of emergency. Will you please help us by completing the information below? Only ONE EMERGENCY FORM per family unit is necessary.

Full Name of Child _____ Sex _____ Date of Birth _____
Special Health Condition (describe) or Medication prescribed or Dietary needs, etc.

Home Address: _____

Home phone: _____

Name of Mother/Guardian: _____ Cell Number: _____

Name of Father/Guardian: _____ Cell Number: _____

If divorced, name of legal custodial parent: _____

Do Mother and Father have Joint Custody? (Y/N) _____

If custodial parent cannot be reached, may we contact non-custodial parent? (Y/N)

RESPONSIBLE ADULT(s) who have agreed to assume responsibility for child, if parent or guardian cannot be reached.

Name _____ Address _____

Phone _____ Relationship to Child _____

Physician _____ Address: _____

Phone: _____ Hospital of Choice: _____

Address: _____

Phone: _____

If you, or responsible adult, and physician of choice, as indicated above, cannot be reached in an emergency and immediate medical and/or hospital attention is indicated I hereby authorize the transporting of my child to a hospital or physician for treatment.

Date: _____

Signature: _____

Print name: _____