



**SS Patrick and Rose of Lima Catholic Catechetical Program (CCP)**  
**10 Jonestown Road** **Oxford, NJ 07863**

**908-453-2636**

## EMERGENCY INFORMATION

I state that I am the parent/guardian having legal custody of the below named child and therefore attest that following information is correct. I authorize the Church Program Staff to obtain emergency treatment for my child. I consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

In the event of an emergency situation, the student will only be released to the people listed below.

This staff will not be responsible for complications that may occur as a result of false information given.

STUDENT INFORMATION										
<b>Name:</b>										
<b>Address:</b>										
		<b>City:</b>				<b>State:</b>			<b>Zip:</b>	
<b>Date of Birth:</b>		<b>MM/DD/YYYY</b>				<b>Grade:</b>		<b>Select</b>		
<b>Doctor:</b>							<b>Phone:</b>		(    )    -	
<b>MEDICAL INFORMATION</b>	<b>Medical Conditions:</b>								<input type="checkbox"/> N/A	
	<b>Current Medications:</b>	<b>Name:</b>				<b>Dose:</b>			<input type="checkbox"/> N/A	
		<b>Name:</b>				<b>Dose:</b>				
		<b>Name:</b>				<b>Dose:</b>				
		<b>Name:</b>				<b>Dose:</b>				
	<b>Allergies:</b>								<input type="checkbox"/> N/A	
<b>Last Tetanus Shot:</b>								<input type="checkbox"/> N/A		
<b>INS INFO</b>	<b>Company Name:</b>									
	<b>Policy Holder:</b>									
	<b>Group #:</b>				<b>Member ID #:</b>					



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CONTACT INFORMATION							
<b>MOTHER</b>	<b>Name:</b>						
	<b>Home Address:</b>	<input type="checkbox"/> Same as Student					
		<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
	<b>Work Address:</b>	<input type="checkbox"/> N/A					
<b>City:</b>			<b>State:</b>		<b>Zip:</b>		
<b>Phone:</b>	<b>Home:</b>	(    )    -	<b>Cell:</b>	(    )    -	<b>Work:</b>	(    )    -	
<b>FATHER</b>	<b>Name:</b>						
	<b>Home Address:</b>	<input type="checkbox"/> Same as Student					
		<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
	<b>Work Address:</b>	<input type="checkbox"/> N/A					
<b>City:</b>			<b>State:</b>		<b>Zip:</b>		
<b>Phone:</b>	<b>Home:</b>	(    )    -	<b>Cell:</b>	(    )    -	<b>Work:</b>	(    )    -	
<b>EMERGENCY #1</b>	<b>Name:</b>						
	<b>Home Address:</b>	<input type="checkbox"/> Same as Student					
		<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Phone:</b>	<b>Home:</b>	(    )    -	<b>Cell:</b>	(    )    -	<b>Work:</b>	(    )    -	
<b>EMERGENCY #2</b>	<b>Name:</b>						
	<b>Home Address:</b>	<input type="checkbox"/> Same as Student					
		<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Phone:</b>	<b>Home:</b>	(    )    -	<b>Cell:</b>	(    )    -	<b>Work:</b>	(    )    -	

<b>Parent Name:</b>			
<b>Parent Signature:</b>		<b>Date:</b>	<b>MM/DD/YYYY</b>
<b>Witness Name:</b>			
<b>Witness Signature:</b>		<b>Date:</b>	