

Mary Queen of Heaven School of Religion
EMERGENCY HOME CONTACT 2019 / 2020

Student: _____
Last Name First Name Address Zip Code: School of Religion Class

Mother: _____
Last Name First Name Phone No: Home Cell Work

Father: _____
Last Name First Name Phone No: Home Cell Work

Guardian: _____
Last Name First Name Phone No: Home Cell Work

Emergency Contact: _____
Name Relationship Phone No: (Home) Phone No: (Cell)

Child's Doctor _____ Phone No: _____

If none of the above can be reached by phone WHAT DO YOU WISH US TO DO in case the child is sick or injured?

Please inform us of any pertinent health issues: _____

It is understood that in the final disposition of an emergency case the judgment of the Religious Education Office and Pastor will prevail.

If at any time the above information must be changed, I will notify the Principal, School of Religion in writing. _____
Signature of parent or guardian