

**Mary Queen of Heaven School of Religion**  
**EMERGENCY HOME CONTACT 2020 - 2021**

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