

STUDENT EMERGENCY CONTACT FORM

St. Frances Xavier Cabrini Roman Catholic Church ~ Youth Ministry – (2020-2021)

In case of an emergency, it is imperative that the church be able to reach the student's parent or guardian. Please fill in the information on both sides of this paper carefully and accurately. Please use ink and print clearly and legibly.

STUDENT

Last Name First Middle

Male _____

Female Birthdate

Primary Address City State / Zip

Lives with: Both Parents Mother Father

Legal Guardian

Mailing Address (if different from above) City State / Zip

Are there any COURT-MANDATED custody/visitation orders limiting access to this student?

NO YES If YES, please attach LEGAL ORDER.

MOTHER/GUARDIAN

Last Name First



Cell Phone Home Phone Work Phone

Home Address if different from above



Email

FATHER/GUARDIAN

Last Name First



Cell Phone Home Phone Work Phone

Home Address if different from above



Email

AUTHORIZED CONTACTS

Please list the names of relatives, neighbors, friends in close proximity to the church whom we may release your child or contact if you cannot be reached. **NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PARENTS, GUARDIANS OR ADULTS LISTED ON THIS FORM.**

| Name | Relationship | Home Phone | Work or Cell Phone |
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I declare that the information on this form is true and correct. I will notify the youth minister immediately of any changes to be made to the above information.

Parent/Guardian Signature _____ Date _____ Relationship _____