

OUR LADY OF THE VALLEY PARISH

Youth Ministry Office

630 Valley Road

Wayne, N. J. 07470

(973) 696-8307 ext. 1252

EMERGENCY INFORMATION FORM – 2010 - 2011

Student's Name _____
Please Print _____ Last _____ First _____

School _____ Grade _____ Birth Date _____

Address _____
(Street)

_____ City _____ (State) (Zip) _____

Telephone # (Home): _____ Home E-mail: _____

Cell Phone #: Mom _____ Dad _____

Where can parents/guardian be reached if not at home?

Father/Guardian _____ Phone _____

Mother/Guardian _____ Phone _____

MEDICAL CONDITIONS/ALLERGIES _____

Family Doctor _____ Phone _____

In case of accident or serious illness, I request Our Lady of the Valley contact me. If unable to reach me, I hereby authorize them to call the physician indicated above and to follow the physician's instructions. If it is impossible to contact this physician, O.L.V. may make whatever arrangements seem necessary. If I cannot be reached at the above address and phone number, you have my permission to contact either of the following:

Signature of Parent or Guardian _____ **Date** _____

1. Name _____ Phone _____

Address _____ Relationship _____

2. Name _____ Phone _____

Address _____ Relationship _____

PLEASE RETURN TO THE YOUTH MINISTRY OFFICE

NO LATER THAN JUNE 30, 2010.

A copy of this form will be kept in the Youth Ministry office and by your child's catechist.