

STUDENT OR YOUTH EMERGENCY INFORMATION

PARISH/SCHOOL/DIOCESAN ENTITY: _____ CITY: _____

FAMILY NAME _____

Only ONE EMERGENCY INFORMATION form per family unit is necessary.

| Full Name of Child | Sex | Date of Birth | Special Health Condition (describe) or Medication prescribed or Dietary needs, etc. |
|--------------------|-----|---------------|---|
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| | | | |

Home Address: _____ Phone: _____

Name of Mother/Guardian: _____ Place of Employment: _____

Mother's work number: _____ Cell Number: _____

Name of Father/Guardian: _____ Place of Employment: _____

Father's work number: _____ Cell Number: _____

If divorced, name of legal custodial parent: _____

Do Mother and Father have Joint Custody? (Y/N) _____

If custodial parent cannot be reached, may we contact non-custodial parent? (Y/N) _____

RESPONSIBLE ADULT(S) who have agreed to assume responsibility for child, if parent/guardian cannot be reached.

| Name | Address | Phone | Relationship to Child |
|------|---------|-------|-----------------------|
| | | | |
| | | | |

Physician of Choice: _____

Address: _____

Phone: _____

Hospital of Choice: _____

Address: _____

Phone: _____

If I, or responsible adult, and physician of choice, as indicated above, cannot be reached in an emergency and immediate medical and/or hospital attention is indicated I hereby authorize the transporting of my child to a hospital or physician for treatment.

Date: _____

Signature: _____

Print name: _____

DRIVER INFORMATION

The Driver shall be at least 21 years of age, and is required to provide the Driver's valid driver's license and a valid automobile insurance card for the vehicle to be used for this Activity.

Driver

Name: _____ Date of Birth: _____

Address: _____

Vehicle that will be used

Name of Owner: _____

Address of Owner:

Year and Make: _____ License Plate: _____

If more than one vehicle is to be used, the above information must be provided for each vehicle.

Certification:

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, hold a valid driver's license, and have the required insurance coverage in effect on any vehicle used to transport youth. I certify I hold a valid driver's license which is not revoked or suspended. I certify I am the owner of the vehicle to be used for this Activity, or have the permission of the owner of the vehicle to use the vehicle for this Activity.

Signature _____

Date _____

FOR PARISH/SCHOOL/DIOCESE USE

Photocopy the Driver's valid driver's license, and valid automobile insurance card for the car being used in this Activity, and attach those copies to this Driver Information form. Verify that the liability limits on the Driver's automobile insurance card are \$100,000/\$300,000.