

CATECHETICAL STAFF EMERGENCY INFORMATION

This information is **strictly confidential**.
It will **only** be used if emergency treatment is necessary.

Name: _____

Address: _____

Phone #: _____

Physician & Phone #: _____

Birthdate: _____

Please List the following:

General Health Conditions: _____

Allergies:

Environmental: _____

Drug: _____

Food: _____

Medications you are taking: _____

Notify in Case of Emergency:

Name: _____

Name: _____

Address: _____

Home Work Cell

Address: _____

Home Work Cell

Phone #: _____

Phone #: _____

Relationship: _____

Relationship: _____

Ambulance Service: _____

Hospital Preferred: _____

Anything else to tell health professional: _____

Signature: _____
