

ST. LUKE'S PARISH RELIGIOUS EDUCATION PROGRAM (PREP)

EMERGENCY MEDICAL AND CONTACT INFORMATION FORM 2018 – 2019

PLEASE COMPLETE THIS FORM EACH PREP YEAR

Child's Last Name	Child's First Name	Personal Health Number	Allergies and/or Educational Needs

EMERGENCY CONTACT INFORMATION: Please provide information for at least two (2) contacts

Last Name	First Name	Phone Number	Relationship to Child	Permission to Pick Up Child (yes or no)
1.				
2.				
3.				
4.				

Is there anything else we need to know about your child or your family circumstances?

Parent/Guardian Signature: _____ Today's Date: _____

The information provided on this form will be held in strict confidence and is for the sole purpose of St. Luke's Parish Religious Education Program and will not be shared with other groups/organizations without your prior written consent. The information may be shared for medical treatment purposes or to comply with a law enforcement agency in Canada or by court order.