

**St. Thomas of Canterbury**  
**EMERGENCY & MEDICAL INFORMATION**

**Faith Formation/Catechetical Ministry 2018 - 2019**  
 1522 McCoy Ave. San Jose, CA 95130 Phone (408) 378-1595

**Family Name:** \_\_\_\_\_ (Please Print)

List special medical conditions such as Food Allergies, Diabetes, Epilepsy, Asthma, or severe reactions to Bee Stings.

Child's Name	Condition	Treatment Required

Family Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Plan: \_\_\_\_\_ Plan Identification Number: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dental Plan: \_\_\_\_\_ Plan Identification Number: \_\_\_\_\_

Persons (other than parents) authorized to be notified and/or to pick up your child(ren) in case of emergency:

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ CELL: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ CELL: \_\_\_\_\_

In the event we cannot be reached in an emergency, I/we give permission for my child(ren)'s teacher/adult leader to authorize by his/her signature whatever medical treatment may be necessary for my/our child(ren). At all times, the catechetical ministry staff is authorized to take any measures necessary for the protection of my child(ren).

PARENT'S/GUARDIAN'S SIGNATURE(S) \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT'S/GUARDIAN'S SIGNATURE(S) \_\_\_\_\_ DATE: \_\_\_\_\_